

PROFESSIONAL STAFF HEALTH PROGRAM (IMPAIRED OR COMPROMISED PHYSICIAN)

PS 006

**APPENDIX D
DRIVING RECOMMENDATION: ACKNOWLEDGEMENT AND RELEASE**

I have been informed by my Chief of Staff, or designee, that I appear to be, or that I am, impaired and incapable of properly performing my patient responsibilities. UCLA Health Security or designee has advised me that there may be some risk associated with my driving a vehicle while in my present condition and has offered to arrange for alternative transportation (such as a taxi, ambulance, or a friend, or relative) to take me from the workplace to my home.

I have chosen to agree with this recommendation, and have arranged alternative transportation (such as a taxi, ambulance, or a friend, or relative) to take me from the workplace to my home.

Signed: _____

Print Name: _____

Badge No.: _____

Date: _____

Witness: _____ Date: _____

I have chosen NOT to use any alternative form of transportation and have elected to drive myself from the workplace. I understand that in doing so I may be placing others and myself at risk, and I hereby release UCLA Health and its subsidiaries and affiliates from all liability in connection with my decision and actions.

Signed: _____

Print Name: _____

Badge No.: _____

Date: _____

Witness: _____ Date: _____