



APPENDIX D

DRIVING RECOMMENDATION: ACKNOWLEDGMENT AND RELEASE

I have been informed by my supervisor or designee, that I appear to be, or that I am, impaired and incapable of properly performing my job 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 taxicab, 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 taxicab, 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 myself and others 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: _____