



# OXFORD POLICE DEPARTMENT

CITY OF OXFORD

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## Drug Screen Through Urinalysis Applicant Medication Information

To ensure the accuracy of mandatory urinalysis procedures, each applicant for employment as a criminal justice officer is asked to provide the following information.

If you have received and taken any prescription or non-prescription medication of any kind in the past thirty (30) days, please indicate below.

**NOTE:** "Medication" includes all prescription drugs, over-the-counter drugs, inhaled medications, eye drops, other drugs, any kind of injection, and any other type of medication received at the doctor's office or -emergency room.

I. During the past thirty (30) days I have taken the following prescription medications and I am prepared to furnish valid prescription information if requested:

Name of Medication	Prescribing Physician	Date Medication Last Taken
1)		
2)		
3)		

*(If more than three (3) please continue on back of this form)*

II. During the past thirty (30) days, I have taken the following non-prescription medications (example: cough medicines, cold tablets, etc.)

Name of Non-Prescription Medication	Date Last Taken
1)	
2)	
3)	

*(If more than three (3) please continue on back of this form)*