

Medical Marijuana Declaration

To be signed by the individual applying for both safety sensitive and non-safety sensitive jobs.

I attest that I am legally certified in Pennsylvania to take medical marijuana, pursuant to the Pennsylvania Medical Marijuana Act, and have received my state-issued Medical Marijuana Card. In compliance with the Pennsylvania Medical Marijuana Act and Penn State Health Drug Free Workplace policy, I understand the following:

- I am not permitted to be impaired by medical marijuana while working; and
- I am not permitted to take medical marijuana while working; and
- I am not permitted to possess medical marijuana on my person (including any bags, purses, or similar items, that may be stored at the work premises) while working.

Based upon the type of medical marijuana I am taking, method of administration (such as vaping, ingestion, oral absorption, transdermal, capsules/pills), dosage amount, and frequency, **I hereby verify that I will not be impaired during working hours.** If the type, administration method, dosage amount and/or frequency of my medical marijuana changes and this statement is no longer true, I will immediately notify Human Resources, and I will not report to work while impaired. If I am impaired while working, I understand that I will be subject to discipline up to and including termination as outlined by the Penn State Health Drug Free Workplace policy, and related policies. Should I transfer from my current position, or if my job duties materially change, I shall again disclose my Medical Marijuana Card before commencing work in any new/modified position.

I declare, under penalty of perjury, and subject to the penalties of 18 Pa.C.S.A. § 4904 relating to unsworn falsification to authorities, that the foregoing facts are within my personal knowledge and are true and correct.

Employee Name (Print): _____

Address: _____

Telephone: _____

Email: _____

Signature: _____

Date: _____