

# **Madison County Veterans Court**



---

## **Application and Requirements**

---

**Twenty-Third Judicial Circuit  
State of Alabama**

STATE OF ALABAMA

v.

CASE NO.: \_\_\_\_\_

\_\_\_\_\_,  
Defendant

**REQUEST BY DEFENDANT TO ENROLL IN THE  
VETERANS COURT PROGRAM**

Having been charged with the criminal offense(s) of \_\_\_\_\_, and believing that I may qualify to enroll in the Veterans Court program in lieu of prosecution, I hereby apply for referral of my case(s) to the Veterans Court program.

I understand that the Veterans Court program is a pretrial diversion program designed to address potential physical and mental health issues that may have played a part in my becoming involved in the above-listed conduct. Veterans Court is not a way for me to escape responsibility for my actions, but instead to address them in an appropriate forum.

Should I be approved for enrollment in the program, I understand that I will be required to work with the staff at any recommended medical and/or mental health facilities to address various problems and issues that I may be facing. I also understand that I will be required to appear before the Judge presiding over the Veterans Court program at regular intervals, and as directed, where inquiry will be made into my level of participation and progress within the program.

Because physical and mental health issues are wide ranging and complex, I understand that I may be required to participate in this program for an average of twelve months. I realize that I will only be successful in this program if the Judge, the Prosecutor, and the staff of the Compliance panel, and recommended medical and/or mental health facilities agree that I have made sufficient progress in addressing the issues in my life that can be linked to the events surrounding my misconduct.

In order to participate in the program, I understand that I will have to make a full disclosure about my involvement in the crime(s) I have been charged with. I also understand that I will have to give permission to any medical and/or mental health facilities, including their affiliates, to release any pertinent information to the Judge, the Prosecutor, and any other agent or official designated by the Court that may relate to my participation in the program, even if this information would normally be protected by privacy rules or regulations. I also understand that my appearances before the Judge will be in open court at a docket designed for other Veterans Court participants and that general information about my participation, my history, and my treatment may be discussed in that setting. Of course, every effort will be made to avoid discussion of extremely private, embarrassing, or sensitive information in that forum.

*I have read and understand the above information and agree with the above cited rules and policies. I also hereby give permission to the entities involved in the Veterans Court program, including the Judge, the Prosecutor, the staff of any relevant medical or mental health facility (to include any relevant associates), any probation officer or other official, and my attorney to disclose and discuss relevant information about me as it pertains to my participation in this program. I understand that this information may include otherwise private information regarding my diagnosis, treatment, criminal history, and the like.*

---

Defendant

The Defendant read, acknowledged and signed the above statement in the presence of the undersigned Defendant's attorney and/or the prosecutor, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

---

Defendant's Attorney

---

Prosecutor

## I. Description of Veterans Court Program

The Madison County Veterans Court Program is a diversionary program designed specifically for veterans of the United States Armed Forces who have been charged with criminal offenses in Madison County. No applicant may qualify if they have been charged with a Class A felony or any offense that resulted in serious bodily harm to the victim. Furthermore, no applicant may repeat this program.

The Veterans Court program will typically be an average of at least twelve months in duration for a given participant. The program will require at least monthly appearances before the Veterans Court judge coupled with at least monthly meetings with a participant's counselor and/or mentor. A participant will likely be required to participate in medical and mental health services, job training and professional services, academic and/or vocational skill improvement services and whatever counseling is designated for a participant. Furthermore, any substance abuse counseling or treatment that is recommended or required must be attended and completed as dictated by the Court or its referral officers. Finally, the participant will be responsible to pay any court ordered monies, costs and fees associated with the underlying charges, to include restitution and counseling services. Failure at any phase, as discussed herein, may result in further sanctions, penalties, counseling, treatment or dismissal from the program.

1. **Program Phase I (INITIATION & STRUCTURE):** This phase will last normally between 3 and 6 months, depending on the success or struggles of a particular veteran. After of plea of guilty and a suspension of sentencing by the Court, the veteran in this phase will undergo intense evaluation, strict and robust guidelines, and endure a very restrictive regimen that will consist of counseling, appropriate screening and frequent contact with the Court. The veteran will meet with the Court at least twice a month. Travel outside the State is expressly prohibited unless approved by the Court.
2. **Program Phase II (REFORM):** This phase will last normally between 3 and 4 months, depending on the veteran. The veteran in this phase will have less structure than in Phase I wherein they will be forced to make more independent decisions and their own judgment and discipline will undergo a more random evaluation. Counseling, screening and contact with the court will remain a part of the Veterans program, but evaluation will likely be less frequent. The veteran will meet with the Court only once a month. Travel outside the State is expressly prohibited unless approved by the Court.
3. **Program Phase III (INDEPENDENCE & GRADUATION):** This phase will last normally between 2 and 4 months depending on the veteran. The veteran in this phase will have less supervision than the previous phases and may even go unsupervised for periods of time. All veterans are still subject to random screening and appearances before the Court upon request or schedule. Counseling must continue as required and such will be evaluated on a case-by-case basis. The veteran will meet with the Court once a month at the most and will likely only have contact, if any, with a Veterans Court Mentor periodically. Upon completion of this Phase a veteran will become a Graduate. Graduation will be at a set time and date before the Court and ceremony.

It is important to note that the Court may, in its judgment, demand that a veteran reenter a previous Phase if the Court feels that such is necessary to the benefit and treatment of a particular veteran. Furthermore, the Court may expel a veteran if that veteran is deemed to have continually not met the rigors of the Veterans Court Program or have shown by their own conduct, in what they have done or what they have failed to do, that they are no longer viable as a candidate for graduation. A veteran that has been expelled from the Veterans Court Program will be set for sentencing pursuant to their pleas in Program Phase I and be sentenced thereafter.

## **II. Rules for Enrollment and Participation**

- I understand that I must fully qualify for the program and that determination will be made only after I have been ultimately approved for admission by the Court. Such determination may include a prescreening evaluation by a medical or mental health facility, the results of which will be made available to the Court.
- I understand that all information provided to the Veterans Court regarding my service in the United States Armed Forces must be accurate, truthful and verifiable.
- I understand that admission to the Veterans Court program is within the discretion of the Court.
- I understand that my application must be accompanied by a copy of my DD Form 214 which identifies the circumstances and characterization of discharge from the Armed Forces. If I am unable to obtain a DD Form 214, or remain on active duty, then I understand that my application must be accompanied by a sworn affidavit detailing my service in the Armed Forces to include branch of service, length of service, rank at time of discharge or current rank, date of discharge (if discharged) and characterization of service (if discharged).
- I understand that if I am accepted into the program I must complete all mandates of the program and that if I fail to do so the Court reserves the right to sentence me in accordance with my plea(s) or provide to me any sanction, extension or additional treatment that it might deem appropriate and at my own expense.
- I understand that I must abstain from all alcohol or other mood altering chemicals or other medications unless disclosed to the Court and approved by the Compliance Panel.
- I understand that enrolling in the Veterans Court will not absolve me of the responsibility for my actions and that I will still be financially liable to any victim(s) in my case(s) and that the Court may order me to pay restitution, if required by the nature of my case, while I am participating in the program, in addition to any fees or costs associated with any or all of my charges, to include attorney's fees.
- I understand that I must inform the Court or Compliance Panel within 3 days if I change residence or employment.
- I understand that I must inform the Court or Compliance Panel within 3 days of any new arrest, including traffic citations.

- I or my attorney will be notified of my first appearance at the Veterans Court before the Honorable Judge Ruth Ann Hall in Room 539 in the Madison County, Courthouse.
- I understand that, if I fail to appear to the Veterans Court on the above-listed date and have not made other appropriate arrangements prior to that date, I will be ineligible for consideration for entry to the Veterans Court program.
- I understand that only 2 absences excused or otherwise are allowed. Exceeding 2 absences may result in the imposition of sanctions.
- I acknowledge that the contact information provided below is true and accurate and that it is my responsibility to inform the court of any changes in that information.
- I acknowledge that I have read the contents of the Veterans Court application packet and agree to its terms.
- If an emergency arises and I cannot make it to court on the above listed date, I will make contact with the Court at (256) 532-3618 to make other arrangements.

\_\_\_\_\_  
 Defendant's Signature

\_\_\_\_\_  
 Date

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

**III. Notice to Patients Pursuant to 42 C.F.R. § 2.22**

The purpose of, and need for, this disclosure is to inform the court and all other named parties of my eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance, and progress in accordance with the Madison County Veterans Court monitoring criteria.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Madison County Veterans Court Program for the above-referenced case(s), such as the discontinuation of all court supervision upon my successful completion of the Madison County Veterans Court Program requirements OR upon my discharge from the program or the imposition of my sentence following my termination from the Madison County Veterans Court Program for failure to comply with Program requirements. I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records and that recipients of this information may re-disclose it only in connection with official duties.

*The confidentiality of alcohol and drug abuse patient records maintained by this Program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as a drug or alcohol abuser UNLESS:*

- 1.) The patient consents in writing;
- 2.) The disclosure is allowed by a Court Order; or
- 3.) The disclosure is made to medial personnel in a medical emergency or to a qualified person for research, audit or program evaluation.

Violation of federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal laws and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

*I, \_\_\_\_\_, have read or had explained to me the Notice to Patients Pursuant to 42 C.F.R. § 2.22 regarding the disclosure of my substance abuse treatment information and hereby consent to the release of the approved substance abuse treatment information between the following individuals and/or entities:*

\_\_\_\_\_  
Signature of Applicant Defendant

\_\_\_\_\_  
Date





**V. Defendant's Admission of Guilt**

I, \_\_\_\_\_ (your name), hereby voluntarily and in the presence of my attorney \_\_\_\_\_ (attorney's name), state the following facts concerning my arrest on \_\_\_\_\_ (date of offense):

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

I have read the above statement and verify that it is a true and accurate representation of fact, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. I verify that I have not in any manner altered the truthful account of the facts surrounding my case in order to receive the privilege of participating in the Deferred Prosecution Program. I further verify that I enter this Admission of Guilt voluntarily, and that I have not been coerced or threatened into doing so. I understand that only in the event I am rejected for the Deferred Prosecution Program that this Admission of Guilt will not be used against me in the further disposition of this matter, whether by plea, trial, or otherwise. However, I also understand that in the event I am admitted to the Deferred Prosecution Program and am subsequently terminated from that Program for non-compliance, this Admission of Guilt will be used against me in subsequent proceedings regarding this matter, including its admission at any trial regarding this matter.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

**VI. Medical Information of Defendant**

The following is a list of medications that I am currently taken or have taken in the recent past:

| MEDICATION | REASON FOR TAKING |
|------------|-------------------|
|            |                   |
|            |                   |
|            |                   |
|            |                   |
|            |                   |
|            |                   |
|            |                   |
|            |                   |
|            |                   |

Have you been diagnosed with any type of mental health issues in the past? \_\_\_\_\_

If so, what was the diagnosis? \_\_\_\_\_

How long ago was that diagnosis made? \_\_\_\_\_

Who made the diagnosis? \_\_\_\_\_

Are you currently under the care of a mental health professional? \_\_\_\_\_

If so, who is your doctor/therapist? \_\_\_\_\_

What are your current medical issues, if any? \_\_\_\_\_

What previous medical issues, if any, may have lead to the misconduct of which you have just detailed above?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other mental health and/or medical issues, if any, should the Veterans Court consider when factoring both your application and treatment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VII. Drug Screening Protocol

**As a condition of my admission into the Veterans Court Program, I understand and agree to all of the following Drug Screening Protocols and Procedures:**

1. Drug Screening shall be conducted only on urine samples provided by me. I will not be allowed to have drug screening conducted by blood sample, hair follicle, or other screening method, unless otherwise ordered by the Court;
2. I will be drug screened at a frequency determined by the Veterans Court by the Treatment Team and/or the Court;
3. Following my formal admission to the Program, I will be required to obtain a drug screen at the Department of Alternative Sentencing;
4. Any positive drug screen result (a result that indicates I have used a prohibited substance or a result that indicates an abnormally diluted urine sample) must be "confirmed" before I may be sanctioned or punished for such result. A positive drug screen may be confirmed in two ways. I will first be given an opportunity to admit or deny use of the substance indicated by the initial drug screen result, or to accept or challenge an initial indication of an abnormally diluted urine sample. If I admit use of the indicated substance or accept the initial indication of abnormal dilution, I understand I will be sanctioned or punished for such result. If I deny use of the indicated substance or challenge the initial indication of an abnormally diluted urine sample, I will not be sanctioned or punished until my urine sample is tested by a facility approved by the Court. I understand that a sanction following an independent confirmation will be more severe than a sanction following a confirmation by my admission and acceptance of responsibility. I will be responsible for payment of the confirmation testing by a local hospital.
5. I agree that all drug screen results will be provided to the court in writing, and that all supporting chain of custody information will likewise be provided to the court in writing. As a condition of my admission into the Program, I expressly and specifically waive any requirement for personal appearance by, or testimony of, any person or entity involved directly or indirectly in the transportation, storage, maintenance, handling, or testing of any urine screen;
6. In the event I provide a urine sample at Madison County Department of Alternative Sentencing that I believe may be abnormally diluted, I will have the opportunity to leave a second urine sample, provided: (a) I do not leave the lab between providing the first and second sample; (b) I leave the second sample no more than 60 minutes after the first sample; and (c) the second sample is provided prior to 5:00 p.m.;
7. I may **not** ask any lab personnel about the results of any drug testing on any of my urine samples, nor seek advice regarding providing second urine samples under the circumstances set forth in Paragraph 8;
8. I must leave a sufficient volume of urine for both initial drug screening and confirmation testing. The minimum volume required for such testing will be determined by the Madison County Department of Alternative Sentencing. If I do not leave a sufficient volume of urine for either initial drug screening or confirmation testing my urine sample will be deemed to be positive and I will be sanctioned for such result;

9. I understand the Madison County Department of Alternative Sentencing is open from 8:00 a.m. to 5:00 p.m. and that I am not allowed to test outside of those hours without the **prior written authorization** of my case manager. I understand that lab personnel are specifically prohibited by the Court from accepting urine samples outside of these hours without prior written consent of my case manager.

\_\_\_\_\_  
Signature of Applicant/Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Participant's Attorney

\_\_\_\_\_  
Date

**VIII. VETERANS COURT SANCTIONS**

Sanctions will be imposed for violation of any of the Veterans Treatment Court Rules & Requirements, as well as violation or any other failure to comply with an Order of the Veterans Court Judge, Veterans Court Case Manager or the Veterans Court Compliance Panel. Sanctions will be imposed based on the specifics of the individual case. Additionally, treatment may be required which may include an outpatient or inpatient treatment program. Such a requirement is a therapeutic effort to address my problem and is not designed to be a sanction or punishment for any rules or requirements I may have violated. The same violation may not result in the same sanction for two different Veterans Court participants. The following is a partial list of sanctions that may be imposed for non-compliance. The Court or Veterans Court Compliance Panel may impose different or additional sanctions that may be appropriate for the non-compliant conduct:

- Incarceration in the Madison County Jail
- Detention at the Madison County Community Corrections Facility (Work Release)
- Community service
- Home Detention
- Electronic monitoring
- Curfew Imposed
- Increased frequency of court appearances
- Phase Demotion
- Increased reporting to Case Manager
- Increased frequency of drug screens
- Delay in graduation date
- Increased costs to graduate (only applicable if sanction results in extension of time to graduate)
- Termination from the Veterans Court Program – Imposition of Sentence or reinstatement of charges that were continued to be dismissed pursuant to Deferred Prosecution

I have read and understand the sanctions I may be subject to for violation of the Veterans Court Rules & Requirements.

\_\_\_\_\_  
Applicant/Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

MADISON COUNTY ALABAMA VETERANS COURT

Participant's Personal Data Sheet

**Privacy Act Statement Privacy Act Statement of 1974 (SUSC 552a)**

**AUTHORITY:** Title 37 USC see 101

INFORMATION PROVIDED IN THIS QUESTIONNAIRE SHALL BE DISCLOSED ONLY TO THE VETERANS COURT AND/OR AGENTS OF THE VETERANS COURT. INFORMATION SHALL BE DISCLOSED FOR OFFICIAL COURT USE ONLY.

Discloser of this information is voluntary.

I have read and understand this Privacy Act Statement above; Initials: \_\_\_\_\_

***General Information:***

Printed Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ State of Birth \_\_\_\_\_

Gender: \_\_\_\_\_ Religion/Faith: \_\_\_\_\_

Residence (Current Physical Address):

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If Different from Above):

Address/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address (of someone will always know how to contact you):

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment (if applicable): \_\_\_\_\_

Contact Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

***Hobbies:*** \_\_\_\_\_

***Military Service Information:***

Branch of Service: \_\_\_\_\_ Years Served: \_\_\_\_\_ Type Discharge: \_\_\_\_\_ DD214 (Y) (N)

Veteran Status: Combat Vet (Y) (N) Retired (Y) (N) Service Connected Disability (Y) (N)

VA Disability Rating % \_\_\_\_\_

***Family Information:***

Next of Kin: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Next of Kin Address: \_\_\_\_\_

MADISON COUNTY ALABAMA VETERANS COURT

Participant's Personal Data Sheet

Privacy Act Statement Privacy Act Statement of 1974 (SUSC 552a)

**AUTHORITY:** Title 37 USC see 101

INFORMATION PROVIDED IN THIS QUESTIONNAIRE SHALL BE DISCLOSED ONLY TO THE VETERANS COURT AND/OR AGENTS OF THE VETERANS COURT. INFORMATION SHALL BE DISCLOSED FOR OFFICIAL COURT USE ONLY.

*Family Information Cont'd:*

Marital Status: Single ( ) Married ( )

Divorced ( ) year of divorce \_\_\_\_\_ State where divorced was granted \_\_\_\_\_

Widowed ( ) year spouse died \_\_\_\_\_ State where spouse died \_\_\_\_\_

---

Spouse Name: \_\_\_\_\_ Significant Other Name: \_\_\_\_\_

Children Name(s): \_\_\_\_\_  
\_\_\_\_\_

Are any children under the age of 19? (Y) (N)

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: (C) \_\_\_\_\_  
(H) \_\_\_\_\_

*Additional Information Provided upon Interviewer's Request:*

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |



MADISON COUNTY VETERANS COURT  
OUT OF TOWN REQUEST FORM

Date: \_\_\_\_\_

I, \_\_\_\_\_ hereby request approval for out of town travel to

\_\_\_\_\_ (city and state) on \_\_\_\_\_

through \_\_\_\_\_. I will be staying at \_\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_  
Veteran

\_\_\_\_\_ Required to test the day before I leave on \_\_\_\_\_ and the day  
after my return on \_\_\_\_\_.

\_\_\_\_\_ Required to test when my color is called.

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied.

## MADISON COUNTY VETERANS COURT PRESCRIPTION MEDICATION FORM

I, \_\_\_\_\_, a participant in the Madison County Veterans Court Program, hereby notify the Madison County Veterans' Court that I am/have been prescribed the medication listed below and am requesting permission to continue taking such prescription medication during my participation in the program. I understand that at decision on may require will be provided to me, and that I cannot take such medication until I receive such written permission.

|   | Medication | Diagnosis | Physician | Date Filled |
|---|------------|-----------|-----------|-------------|
| 1 |            |           |           |             |
| 2 |            |           |           |             |
| 3 |            |           |           |             |
| 4 |            |           |           |             |
| 5 |            |           |           |             |

\_\_\_\_\_  
Veteran

Veteran may take Medications numbered \_\_\_\_\_

Veteran may take Medications numbered \_\_\_\_\_ but must terminate all use of such medication \_\_\_\_ at least \_\_\_\_ months prior to Applicant's successful completion of the Program \_\_\_\_ no later than \_\_\_\_\_.

Veteran may take Medications numbered \_\_\_\_\_ and may remain on such medications throughout participation in the Program.

Veteran must comply with all policies and procedures regarding prescription medication and med forms. Failure to comply with such provisions may result in revocation of the authorization to take prescription medication.

\_\_\_\_\_  
Veterans Court Judge

# MADISON COUNTY VETERANS COURT MEDICAL FORM

Name of Veteran: \_\_\_\_\_

Date: \_\_\_\_\_

To Any Physician, Hospital or other Medical or Health Care Provider:

I am currently a participant in the Madison County Veterans Court Program, in which I am receiving treatment for substance abuse or mental health issues. I am required to inform all medical care providers of my participation in the Program and request that, to the extent possible, I not be prescribed narcotic or other addictive medications. Before I accept a prescription from you for any medications, I must have you, as the treating physician sign below that I have made you aware of my treatment.

**This form is also consent for the release of such information.**

**Veteran:** \_\_\_\_\_  
(Signature)

| Current Prescription | Dosage | Quantity | Refills | Diagnosis |
|----------------------|--------|----------|---------|-----------|
|                      |        |          |         |           |
|                      |        |          |         |           |
|                      |        |          |         |           |
|                      |        |          |         |           |

Treating Physician: \_\_\_\_\_  
Signature

Treating Physician: \_\_\_\_\_  
Print Name

Telephone Number: \_\_\_\_\_

## MADISON COUNTY VETERANS COURT ALLOWED PRESCRIPTIONS

The following prescriptions that have been prescribed to you by a Doctor are safe to take without prior authorization. You must contact your mentor the next business day and let them know that you have taken said medicine.

- Amoxicillin
- Augmentin
- Bactrim
- Cephalexin
- Cipro
- Clindamycin
- Diflucan
- Doxycycline
- Flagyl
- Penicillin
- Steroid Pack
- Zithromax (Z Pak)

**MADISON COUNTY VETERANS COURT**  
**Over the Counter Safe Medication List and Ingredients to Avoid**

| Classification   | Ingredient to Avoid  | OTC-Safe Medication   |
|--|--|---|
| Allergy/Decongestant                                   | Brompheniramine,<br>Chlorpheniramine,<br>Dexbrompheniramine,<br>Diphenhydraminam,<br>Acrivastine,<br>Phenylephrine,<br>Pseudoephedrine<br>Triprolidine                       | Claritin , Alavert<br>(Loratadine)Zyrtec<br>(Cetinzine), Clarinex<br>(Desloatadine), Allegra<br>(Fexofenadine), Tavist<br>(Clemastine Fumarate)   |
| Cough/Cold/Sore Throat                                 | Dextromethorphan   | Guaifenesin Mucinex<br>Tablets, Robitussin<br>Plain, Cepastat,<br>Chloraseptic, Gly-Oxide,<br>Halls Lozenges,<br>Mycinette, Nice<br>Lozenges, Sucrets<br>Lozenges, Vicks Cough<br>Drops, Vicks Throat<br>Discs, Vicks Vapor Rub |
| ADHD, Anorexiant,<br>Stimulants, and Weight<br>Control | Benzphetamine HCl,<br>Sibutramine HCl,<br>Diethylpropion HCl,<br>Ephedrine, Ephedram,<br>MaHuang,<br>Methylphenidate,<br>Modafinil, Pemoline,<br>Phendimetrazine<br>Tartrate | Weight Control- Diet<br>Ayd's (candy) , Slim-Mint<br>(gum) Slim Fast, Slender<br>Xenical (Orlistat)   |
| Analgesics (pain relief)                               |  | Nonsteroidal Anti-<br>Inflammatory<br>Advil, Aleve, Aspirin,<br>bufferin, Tylenol<br>Generics of any of these   |
|  |  |   |

|   |   |   |
|---|---|---|
| Nasal Decongestant Sprays                   | Oxymetazine<br>Tetrahydrozoline,<br>Xylometazoline<br>Ephedrine,<br><br>L-Desoxyephedrine,<br>Naphazoline,<br>Phenylephrine HCl,<br>Propylhexedrine | Ocean, Humist, Ayr<br>Saline, NaSal, Salinex  |
| Mouthwash/Dental Hygiene                    | Alcohol   | Orajel, Perioseptice, Crest<br>Pro Health Mouthwash   |
| Diarrhea/Gas                                | Diphenozylate HCl,<br>Alcohol   | Kaopectate, Kaopetolin,<br>Lactinex, Imodium A-D,<br>Pepto Bismol,<br>Simethicone, Imodium<br>Multi Symptom |
| Nausea<br>(Antiemetic/Antivertgo<br>Agents) | Bucizine HCl, Cyclizine,<br>Diphenhydramine,<br>Dimenhydrinate,<br>Meclizine, Scopolamine<br>Transdermal  | Pepto Bismol Emetrol,<br>Alka Seltzer Gold,<br>Kaopectate   |
| Sedatives/Anti-Anxiety<br>Sleep             | Doxylamine Succinate,<br>Diphenhydramine  | Melatonin   |
| Urinary Tract Infection                     |   | AZO Standard  |
| Heartburn/Indigestion                       |   | Kaopectate, Pepto<br>Bismol, Alka Seltzer<br>Gold, Tums, Pepcid<br>Complete, Pepcid AC                      |
| Topical Creams                              | Diphenhydramine   | Ben Gay, Icy Hot, Anti-<br>Itch creams, Anti-Fungal<br>Creams, Calamine<br>Lotion                           |

It is the Veterans responsibility to might your exposure to products and/or substances that may result in a positive drug screen. It is your responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these products BEFORE YOU use them A positive drug screen because of exposure to any substance will not be excused

Veteran Signature: \_\_\_\_\_

Date: \_\_\_\_\_