

Office Use Only:  
 EMP # \_\_\_\_\_  
 LICENSE TYPE \_\_\_\_\_  
 DATE: \_\_\_\_\_

## Horsemen's Workers' Compensation Insurance Program

### Receipt and Acknowledgement of Substance Abuse Rule and Policy by Employee

The undersigned employee hereby acknowledges receipt of the Substance Abuse Rule and Policy of Employer on the date this document was executed. Undersigned employee also agrees to be bound by the terms of that policy and to cooperate in the enforcement of same in order to help achieve a safer work environment.

Employee acknowledges that compliance with the Substance Rule and Policy of Employer is a condition of his/her employment and that among other things that Substance Rule and Policy of Employer prohibit the following:

**Employees shall not introduce, manufacture, distribute, dispense, possess on employee's body or otherwise possess, use or consume alcoholic beverages, drugs, illegal drugs, and/or unauthorized prescribed drugs while in the course and scope of employment or in or upon the premises or property where employee is carrying out or normally carries out his/her employment duties. Violation of this Policy will be cause for disciplinary action, up to and including termination, in addition to any and all effects provided by law.**

<b>Employee Name:</b> <i>Type or Print Name</i>		<b>DATE:</b>
<b>Employee Signature:</b> <i>Guardian's signature if Employee is a Minor</i>		

Employee Personal Info:	SSN	LSRC #	Sex (M/F)	DOB	Position

<b>Type or Print Employer Name:</b>	
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# **SUBSTANCE ABUSE AND DRUG POLICY**

*PLEASE POST IN A CONSPICUOUS PLACE*

This Substance Abuse and Drug Policy is a guideline to reduce substance abuse in the workplace. It may not prevent substance abuse from occurring. It does not address potential compliance issues with Federal, State or local OSHA or any other regulatory agency standards. Nor is it meant to be exhaustive or construed as legal advice. You should consult with your own legal counsel to address possible compliance requirements.

## **Scope**

The Scope of this Policy is the establishment of a substance abuse rule and policy that will be adopted by all participating employers ("Employers") who have Coverage ("Coverage") pertaining to their employees in the Horsemen's Workers' Compensation Insurance Program ("Program") created and administered through the Horsemen's Workers' Compensation Insurance Trust ("Trust"), that is consistent with public policy and law, especially as provided in LA R.S. 23:1081. The Program is that Program implemented pursuant to LA R.S. 4:251 and 4:252.

## **Purpose**

The purpose of these work rules is as follows:

- To establish and maintain a safe, healthy working environment for all employees;
- To reduce the possibility of accidental injury to persons or property.;
- To reduce absenteeism, tardiness, and indifferent job performance;
- To follow all applicable state, federal, and local requirements.

## **DEFINITIONS:**

### **Alcohol or Alcoholic Beverage**

Defined as any beverage that may be legally sold as alcohol. This includes, but is not limited to, fermented malt beverages, intoxicating liquor and wine.

### **Drug**

Means any substance other than alcohol, which is capable of altering the mood, perception, pain level, or judgment of the individual consuming it, and which is recognized as a drug.

### **Illegal Drug**

Means any drug or controlled substance, including prescription drugs, that is not used legally, any substance, whether it be narcotic or non-narcotic and those substances listed in Schedules I, II, III, IV and V of the Louisiana Revised Statutes.

### **Authorized Prescribed Drug**

Means a drug prescribed by a licensed practitioner, and used in the manner, combination, and quantity prescribed, by the person for whom the drug is prescribed.

### **Prohibited Conduct**

Employees shall not introduce, manufacture, distribute, dispense, possess in employee's body or otherwise possess, use or consume alcoholic beverages, drugs, illegal drugs, and unauthorized prescribed drugs while in the course and scope of employment or in or upon the premises or property where employee is carrying out or normally carries out his/her employment duties. Violation of this policy will be cause for disciplinary action, up to and including termination in addition to any and all effects provided by law. Reporting for work under the influence of an illegal drug, alcohol, drug, or unauthorized prescribed drug is cause for disciplinary action, up to and including termination. No prescription drugs shall be brought by employee or others upon the premises or property where employee is carrying out or normally carries out his/her employment duties except by the person for whom the drug is prescribed by a licensed practitioner. In such circumstance the prescribed drug shall be used solely in the manner, combination and quantity prescribed. When the use of drugs for medical purposes may affect behavior or performance, employees should advise their Employer that they are taking such drugs.

Employees are encouraged to voluntarily seek counseling from an Employee Assistance Program as needed, and the Trust and the Louisiana Horsemen's Benevolent and Protective Association 1993, Inc. ("LAHBPA") will field requests for referral to such programs.

**Testing Circumstances: [Post-Accident]**

Employer or the Trustees of the Trust or designated representatives, on behalf of Employer, will conduct a drug and alcohol test whenever any employee is involved in a work-related accident as is provided by law, including as provided in LA R. S. 23:1081. All rights of Employer under LA R. S. 23:1081 are hereby reserved to Employer. Employer or the Trustees of the Trust or designated representatives, on behalf of Employer, will also conduct a drug and alcohol test whenever such is deemed prudent or necessary in providing a safe workplace and when the law so permits.

**Refusal to Cooperate in Enforcing this Rule and Policy**

Refusal of an Employer to cooperate fully in enforcing this Substance Abuse Rule and Policy will constitute grounds for the Trustees of the Trust to terminate Coverage afforded under any Workers' Compensation Insurance Certificate issued to Employer.

**Specimen Collection and Collection Procedures**

Specimen collection and testing will be conducted in a manner and under conditions which scientifically are generally accepted as being sufficient to reliably produce an accurate result. Any employee refusing to submit to a drug or alcohol test or leaving the Employer's premises or other work site without permission after being involved in a work-related accident will be subject to disciplinary action up to and including termination in addition to any and all effects provided by law.

**Notification of Test Results and Record Keeping**

The Trust, Employer and Employee shall be notified as soon as is practical of the results of the drug or alcohol test.

**Severability**

If any part or portion of this policy is held invalid by any court of competent jurisdiction or is otherwise determined to be invalid for any reason whatsoever, then, in that event, only that part or portion of this policy which is so held or determined to be invalid shall be invalid, and the remaining parts or portions shall remain in full force and effect.

**Law Controls**

If any part of this Substance Abuse and Drug and Policy conflicts with any law, including but not limited to LA R.S. 23:1081, the law shall prevail as it is not the purpose or intent of this law to waive any rights of Employer as set out in law.

**ACKNOWLEDGEMENT OF SUBSTANCE ABUSE RULES & POLICY**

<b>Applicant Name</b> <i>Type or Print Name</i>		
<b>Applicant Signature</b>		<b>Date</b>
<b>LAHBPA Representative</b> <i>Type or Print Name</i>		
<b>LAHBPA Signature</b>		<b>Date</b>

*This substance abuse policy is a guideline to reduce substance abuse in the workplace. It may not prevent substance abuse from occurring. It does not address potential compliance issues with Federal, State or local OSHA or any other regulatory agency standards. Nor is it meant to be exhaustive or construed as legal advice. Consult your licensed commercial Property and Casualty representative at Andreini & Company or legal counsel to address possible compliance requirements.*

## SECOND INJURY FUND EMPLOYEE QUESTIONNAIRE

Please answer the following questions by circling either YES or NO:

*[Please use reverse side or separate paper if additional space is needed.]*

1. Have you ever had a disease or disability from your occupation?	YES	NO
If YES, please explain:		

2. Have you ever received Workers' Compensation benefits for an injury that occurred at work?	YES	NO
If YES, when:		
How Long were you on compensation?		
Name of Employer:		
Nature of Injury:		

3. Have you ever been rejected for employment, insurance, or military service because of Health?	YES	NO
If YES, please explain:		

4. Have you ever had back trouble or an injury to your back, head, or neck?	YES	NO
If YES, please explain:		

5. Do you have any restrictions or limitations upon your physical activities?	YES	NO
If YES, please explain:		

6. What operations, accidents, broken bones, strains, or serious illnesses have you had?		
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7. Do you have any other long term health problems or adverse physical conditions?	YES	NO
If YES, please explain:		

*Warning: Pursuant to LSA-R.S. 23:1208.1, I understand that my failure to answer truthfully any of the above questions may result in denial or forfeiture of any right I or my dependents may have to workers' compensation benefits, including medical treatment and expenses.*

***I acknowledge that I have read or have had the questionnaire read to me and understand this warning.***

<b>Employee Address:</b>	Home Address	Home City	Zip
<b>Personal Info:</b>	Phone	Emergency Phone	DOB
			SSN
			LSRC#

<b>Name:</b>	Type or Print Name
<b>Signature:</b>	<b>Date</b>
<i>Guardian's signature if Employee is a Minor</i>	

*Acknowledged by trainers*

## MEDICAL INFORMATION RELEASE FORM

I, \_\_\_\_\_, authorize the Trustees or Administrator of the Horsemen's Workers Compensation Insurance Trust to request and obtain all records regarding any work-related or industrial accident in which I was involved or occupational disease which I have contracted.

This release is to include all doctor's reports, follow-up reports, nurses' notes, medical bills, test results, emergency room records, and all hospital records, etc. As well as visiting with the treating physician.

A facsimile or photo static copy of this executed release form shall be considered as effective and valid as the original. This release shall remain in effect unless and until specifically rescinded by me.

<b>Employee Signature:</b>		<b>Date</b>
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### FOR OFFICE USE ONLY

*Must be completed before filing:*

<b>Reviewed by:</b> <i>Type or Print Name:</i>		<b>Date</b>
<b>LAHBPA Employee Signature:</b>		<b>Date</b>

Circle One:	Full Time Or Part Time	<b>Trainer Signature:</b>	<b>Date</b>
Circle One:	Full Time Or Part Time	<b>Trainer Signature:</b>	<b>Date</b>
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