



USE OF CANNABIS DISCLOSURE AND ACKNOWLEDGMENT

As a condition of being placed in a temporary work assignment at Northwestern Memorial HealthCare (“Northwestern Medicine”), and by signing below, I acknowledge that I have read and that I understand the following:

1. I understand that the acute effects of using cannabis include impairment of judgment, coordination and memory, which may pose a safety concern for myself, my co-workers and patients.
2. I will not use any form of cannabis or cannabis-containing products, whether for medical or recreational purposes, during working hours, while on call, or prior to the start of my work shift or on-call shift.
3. I also understand that if I am on a work assignment or I am called in to work and I present behavioral indicators of possible impairment or being under the influence of an impairing substance, I may be immediately removed from the premises and Northwestern Medicine may immediately terminate my temporary work assignment.

This Acknowledgment is not a contract and creates no agreement to a work assignment for any set term. Statements made in this Acknowledgment are not made for the purpose of inducing any person to become engaged in or to remain on assignment to any Northwestern Medicine entity, subsidiary or affiliate. Nothing in this document impairs the right of Northwestern Medicine to terminate any temporary assignment or relationship.

Signature: _____ Job Title: _____

Printed Name: _____ Location: _____

NM ID (if applicable): _____