criminal proceeding.

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Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

any local, State, or Federal statute, regulation, and policy.

produce a specimen, may result in disciplinary action up to and including dismissal in accordance with

I further understand that a positive test, refusal to authorize this form, refusal to take the test, or failure to

forwarded to me by the appointing authority of the licensed laboratory.

(10) working days of the receipt of the original positive test result. The results of the samples must be

when I have a positive test for drugs. All requests for a re-test of the sample must be made within ten

I have the right to request a re-test of the initial specimen at a licensed laboratory of my choice if and

prescription issued in my name. If requested, I agree to provide such proof within 72 hours.

My employer may request proof that I am taking a controlled substance as directed pursuant to a lawful

**DRUG/ALCOHOL TESTING CONSENT FORM**

my employer pursuant to statute or regulation with the condition that the results may not be used in any

I give my consent to release the results of the test(s) and other medical information from the laboratory to

regulation.

in my body through the use of urine, hair, blood, breath or any sample as specified by statute and

- Class B Drugs (cannabis, amphetamines, etc.)

- Class A Drugs (heroin, cocaine, etc.)

- Alcohol

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analytical tests deemed necessary, on an ongoing basis, to determine the absence or the presence of

as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the testing laboratory designated to conduct

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give my consent to authorize my employer known