

DRUG/ALCOHOL TESTING CONSENT FORM

I, _____, give my consent authorizing my employer known as _____ and the testing laboratory my employer has designated as their agent to conduct the analytical tests my employer has deemed necessary on an ongoing basis to determine the presence or absence of the following substances in my body:

- Alcohol
- Class A Drugs (heroin, cocaine, etc.)
- Class B Drugs (cannabis, amphetamines, etc.)

The testing laboratory may utilize urine, hair blood, breath, in my body through the use of urine, hair, blood, breath or any sample as specified by statute and regulation.

I hereby give my consent to allow the release of test results gotten by the laboratory and any other medical information to my employer pursuant to statute or regulation with the condition that the results may not be used in any criminal proceeding.

My employer may, in the event that it becomes necessary, require proof that I am taking a controlled substance as directed by a prescription issued in my name. If my employer makes this request, I agree that I shall provide proof within 72 hours.

I reserve the right to request a re-test of the specimen at a licensed lab of my choice if I have a positive test for drugs that are deemed prohibited. The request for a re-test of the sample is to be made within ten working days of the receipt of the test result that returned a positive. The results must be forwarded to me by the licensed lab.

Furthermore, I understand that the following circumstances may result in disciplinary action which may include termination of my employment:

- A positive test

- Refusal to sign and authorize this form
- Refusal to take the test before or after authorization
- Not producing a specific for the lab

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The disciplinary actions must be carried in accordance with local, state, or federal regulation and policy.

Employee Signature _____ **Date** _____

Print name: _____