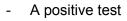
## **DRUG/ALCOHOL TESTING CONSENT FORM**

i,, give my c	Sonsent 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 abser	nce 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, breat	th, 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 res	ults gotten by the laboratory and any
other medical information to my employer pursuant to sta	atute or regulation with the condition
that the results may not be used in any criminal proceed	ing.
My employer may, in the event that it becomes necessar	ry, require proof that I am taking a
controlled substance as directed by a prescription issued	d in my name. If my employer makes
this request, I agree that I shall provide proof within 72 h	ours.
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 re	equest for a re-test of the sample is to
be made within ten working days of the receipt of the tes	st result that returned a positive. The
results must be forwarded to me by the licensed lab.	
Furthermore, I understand that the following circumstance	ces may result in disciplinary action
which may include termination of my employment:	





Print r	name:	
Emplo	oyee Signature	_ Date
and po	blicy.	
The di	sciplinary actions must be carried in accordance wi	ith local, state, or federal regulation
-		
-	Not producing a specific for the lab	
-	Refusal to take the test before or after authorization	on

- Refusal to sign and authorize this form

