

SUBSTANCE ABUSE SCREENING TEST

APPLICANT CONSENT FORM

I, _____, understand and agree that the medical examination I am
(Name)

about to receive includes a:

- Blood test for substance (drug/alcohol) abuse or chemical dependency.
- Urine test for substance (drug/alcohol) abuse or chemical dependency.

I understand that if I decline to sign this consent and thereby decline to take the test, the medical examination will not be completed. The Employee Relations Department will be so notified and my application for employment will be rejected.

I understand that if the test is confirmed as positive, the results will be reported to the Employee Relations Department. An exception will be made for the use of legally prescribed medications taken under the directions of a physician.

I have taken the following drugs or substances within the last 96 hours:

Identify Name and Amount

- Sleeping Pills _____
- Diet Pills _____
- Pain Relief Medication _____
- Cold Medication _____
- Anti-Malarial Drugs _____
- Any Other Medication or Substance _____

I hereby consent refuse to consent to the medical examination including the test(s) for substance (drug/alcohol) abuse and for the release of the test results to:

(Name of Employer)

I hereby release _____
(Name of Medical Facility)

the physicians, technicians, or employees of and the agents of all of the above-named parties, from any and all claims or causes of action resulting from this analysis and the release of the information regarding the results thereof.

Signature of Applicant

Date: _____

Witness:

Signature

Date