

## **DRUG TESTING CONSENT**

Employee Name:	SS#:	Company:

I, \_\_\_\_\_\_\_\_, hereby consent to provide a urine specimen and/or blood, hair or saliva specimens for the purpose of testing for the presence of prohibited drugs. I understand that the test results will be sent to the Medical Review Officer and/or employer's designated representative who is responsible for the company's drug testing program, unless prohibited by law. I understand that refusing to provide or tampering with a urine/hair specimen, or providing false information on a specimen's chain of custody form, may constitute grounds for the termination of my employment. I understand that failure to pass the drug test may result in disciplinary action up to and including termination, and that I may be required to participate in a mandatory rehabilitation treatment program (if offered by employer) as a condition of continued employment should my drug test results indicate drug abuse.

I consent freely and voluntarily to the company's request for a specimen. I hereby release and hold harmless the company and its employees and agents from any liability whatsoever arising from this request to furnish my specimens and the testing of my specimens.

I understand that all information derived from this test will be kept confidential and released only to my employer's designated representative. I also understand a documented chain of specimen custody exists to ensure the identity and integrity of my specimens throughout this collection and testing process.

Donor's Signature: X\_\_\_\_\_Date: \_\_\_\_\_ Time: \_\_\_\_\_

## ALCOHOL TESTING CONSENT

I, \_\_\_\_\_\_\_, hereby consent to provide a blood, breath, urine, or saliva specimens for the purpose of testing for the presence of alcohol. I understand that this information will be sent to my employer's designated representative who is responsible for the company's drug/alcohol program.

I understand that the failure to pass the test may result in disciplinary action up to and including termination, and that I may be required to participate in a mandatory rehabilitation treatment program (if offered by employer) as a condition of my continued employment should my drug/alcohol test indicate abuse.

Employee's Signature	Social Security #	Company		
I understand that either parent/guardian	and/or minor will be contacte	d concerning a positive	drug or alo	cohol result.
Signature of Parent/Guardian if Tested I	ndividual is a Minor:			
COLLECTOR'S SIGNATURE:		Date:	/	/
Donor signifies refusal to submit to testi	ng Donor's Signatu			