**NON-DOT DRUG AND ALCOHOL TESTING CONSENT FORM & AUTHORIZATION TO RELEASE TEST RESULTS**

**FOR DRUG TESTING PURPOSES**

By signing below, I hereby acknowledge that I have received, read and understood

THE DRUG TESTING DISCLOSURE

THE SUMMARY OF RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

THE COMPANY’S DRUG TESTING PROCEDURE

before returning to enter my signature in the current authorization form below.

For purposes related to my employment, I understand that I have been requested to conduct a test for controlled substances, which requires my authorization. The purpose of this test is to determine the use of controlled substances in my body due to the following reasons:

Pre-employment screening  conducting a random drug test  promotion/current employment drug testing

Conducting a post-accident drug test  reasonable suspicion  Return-to-duty Follow-up

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby  CONSENT /  REFUSE TO CONSENT to undergo the requested test(s).**

*I understand that if I refuse to proceed with the test (s), the Company may be entitled to decisions related to my employment. I also understand that if I consent to the test (s) and the results are non-negative, the results will be reported to the Company.*

………………………………………………………………………………………………………………………………………………

To the extent permitted by applicable law, I hereby consent to and authorize *… (the Company)…* to order and receive a test for controlled substances from its assigned background agency “Certn” for the purpose as set out above. I agree to provide the following specimens needed to conduct the controlled substances test(s):

5 panel test  x- panel test  x- panel test  x- panel test

Breath alcohol  Urine alcohol  Hair screen …………… and give permission to Certn and its authorized agents to collect samples of these specimens or to forward these samples to a chosen testing laboratory for analysis. I am aware that Certn will receive the results of my alcohol and/or drug test and disclose the results of the test(s) to the Company thereafter.

I understand that the drug or alcohol test results may be used for employment-related decisions and hereby agree to have my results reviewed by an appointed MRO (Medical Review Officer).

I have read and understood this consent form, and I sign without any coercion or duress by any individual or institution.

I agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Signature box

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Printed name: |  |  |  |  |  |  |  |  |
|  |  | First |  | Middle ( none) |  | Last |  |  |
| Other names used: | |  | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | |
| Signature |  | Date |