**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 |