

CONSENT TO UNDERGO DRUG TESTING

Employee Name _____
Home Address _____
Home Telephone Number _____ Government ID _____
Trade/Occupation _____
Project Name _____ Job # _____
Employer _____

MEDICAL CONSENT

I hereby consent and agree to give specimens of my urine to a medical facility or laboratory designated by my employer. These specimens shall be used to detect the presence of marijuana or other drugs in my body.

AUTHORIZATION TO RELEASE INFORMATION

I consent and authorize the medical facility/laboratory to release a statement regarding the positive or negative results of the tests performed on such specimens only to my employer and/or Union. I understand that I am considered to be a probationary employee until such time as my test results are received by my employer.

ACCIDENTS

In the event that I am directly or indirectly involved in work-related accidents, I consent and agree to give specimens of my urine for the purpose of testing for the presence of drugs in my body. The testing facility is authorized to release the results of such tests to my employer and Union.

I understand that my alteration of this consent form, refusal to consent to or cooperate fully with the collection of urine samples or my refusal to authorize the release of the results to my employer/Union constitutes insubordination and is grounds for termination.

My signature below acknowledges that I have read and agree to the foregoing statements and the consents given therein.

WITNESS SIGNATURE

EMPLOYEE SIGNATURE

WITNESS PRINTED NAME

DATE

Name of Management Representative Requesting Exam and/or Accompanying Employee

Notes: _____
