Drug and Alcohol Testing Consent and Release Form

Read this form before you sign it. Testing is carried out by a certified collection site and laboratory. Results are reviewed by a licensed medical review officer (MRO) before they are reported to [Company Name]. Do not list prescription medications on this form; the MRO will contact you directly if a result needs a medical explanation.

DONOR DETAILS

Full legal name

Candidate or employee ID

Position applied for or held

Work location / site

Phone (for the medical review officer to reach you)

Email

REASON FOR TEST

Reason

☐ Pre-employment (after conditional offer) ☐ Reasonable suspicion
☐ Post-accident / post-incident ☐ Random (safety-sensitive role) ☐ Return to duty
☐ Follow-up ☐ Periodic / annual

Regulated by U.S. DOT or another federal agency?

☐ No: company policy test ☐ Yes: DOT (use the federal Custody and Control Form)
☐ Yes: other federal program

TEST DETAILS

Specimen type

☐ Urine ☐ Oral fluid ☐ Hair ☐ Breath alcohol
☐ Blood (post-accident only, where policy allows)

Panel

☐ 5-panel ☐ 10-panel ☐ Other as listed below

Substances tested

Collection site name and address

Collect by (date)

CONSENT AND RELEASE

I consent to provide a [specimen type] specimen for drug and/or alcohol testing for the reason marked above. I understand that the specimen will be tested by a certified laboratory for the substances listed, and that any non-negative result will be reviewed by a medical review officer, who may contact me before reporting the result. I authorize the collection site, laboratory and medical review officer to release the verified result to [Company Name] for employment purposes only. I understand that [Company Name] will keep the result confidential and separate from my personnel file, and will share it only with people who need it to make an employment decision or as required by law. I understand that refusing to test, failing to appear by the deadline without a valid reason, or tampering with a specimen will be treated as [a refusal to test, which may result in withdrawal of my conditional offer or disciplinary action under the Drug and Alcohol Policy]. I understand that if my result is verified positive, I may request a test of the split specimen or a retest where the law or policy provides for it, and that I will be told how to do so. I have received a copy of [Company Name]'s Drug and Alcohol Policy.

STATE-SPECIFIC NOTICES

[Insert any notice your state requires, for example: information about lawful off-duty cannabis use, the right to explain a positive result, the right to a confirmatory test, or the location of the policy. Remove this block if no state notice applies.]

SIGNATURES

Donor signature

Date

Date

Witness / HR representative name

Witness signature

Date

FOR HR USE ONLY

Test ordered by

Date ordered

Date collected

Verified result received

☐ Negative ☐ Negative-dilute (retest per policy) ☐ Positive (verified by MRO) ☐ Refusal
☐ Cancelled

Date result received

Action taken

☐ Stored in confidential medical file