WELLSTAR Medical Group
Occupational Medicine

DOT Drug and/or Alcohol Testing

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Type of Testing required – *(please circle one)*

New hire **Random** **Post-accident** **Reasonable suspicion**

Return-to-duty **Follow-up** **Other**_____

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DONOR INFORMATION:

NAME _____
LAST FIRST MIDDLE

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

YOUR PHONE NUMBER_____

EMPLOYER NAME_____

EMPLOYER CONTACT PERSON: _____

EMPLOYER PHONE NUMBER _____

WellStar Occupational Medicine its employees and agents will collect urine and/or perform a breath alcohol screening as required your employer and/or the Department of Transportation (DOT). WellStar Occupational Medicine, its employees and agents together with any laboratory designated by WellStar Occupational Medicine or as designated on the employee/employer supplied Chain of Custody form to perform the appropriate screening on such samples and specimens and to report any such results, as appropriate, to the **D**esignated **E**mployer **R**epresentative for the above-named company.

The release of my drug screen results will be forwarded to the management of the Client/Employer listed above, and to its physicians, and to such health insurers and healthcare evaluation groups as the Client/Employer may from time to time contract with to provide employee health benefits and/or to evaluate health care.

**********DOT DOES NOT REQUIRE CONSENT SIGNATURE**********