WELLSTAR Medical Group
Occupational Medicine

NON-DOT Drug and/or Alcohol Testing Consent Form & Authorization to Release Test Results

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

New hire **KIA badge** **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 _____

I authorize WellStar Occupational Medicine its employees and agents to collect hair, blood, oral fluid, urine and/or perform a breath alcohol screening as required by my employer and/or the Federal Motor Carrier Safety Administration (FMCSA). I further consent to, its WellStar Occupational Medicine 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.

I release and hold harmless the Client/Employer, its employees, designated medical representative, WellStar Occupational Medicine and its employees, and/or testing facility from any and all claims of causes or action resulting from any decision resulting there from. I hereby authorize the release of my drug screen results 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.

_____
Signature of Patient Date

_____
Signature of Witness Date