**DRUG TESTING CONSENT FORM**

As explained in [EMPLOYER NAME]’s Drug Testing Policy, [EMPLOYER NAME] is committed to providing its employees with a safe workplace that is free from unlawful drugs and alcohol. Pursuant to that policy, employees and applicants of [EMPLOYER NAME] will be tested for drugs and alcohol at certain times before and during their employment with [EMPLOYER NAME].

 I hereby agree to submit to drug and alcohol testing (“drug testing”) as requested by [EMPLOYER NAME]. I agree to provide a [BODILY SUBSTANCE] sample upon request, and undergo the necessary procedures required to perform the drug test. I acknowledge that the drug test will be conducted by [LABORATORY NAME][, a laboratory certified by [STATE]], which will collect and test the drug test samples. [I agree to be monitored by a [LABORATORY NAME] employee of my gender when I provide the test sample.] I also authorize [LABORATORY NAME] to disclose the drug test results to [EMPLOYER NAME]. I understand that the drug test results will remain confidential to the extent required by law and all records related to the test will be kept separately from my personnel file.

I understand that [EMPLOYER NAME] will pay for the drug test[ and that I will be compensated at my regular rate of pay for the time spent submitting to a drug test] required by [EMPLOYER NAME]].

[I consent to undergo a drug test before I begin my employment with [EMPLOYER NAME]]. I consent to undergo any [yearly/random] drug tests that [EMPLOYER NAME] may require for employees in my position. I consent to be tested if I am involved in an accident or injury that gives [EMPLOYER NAME] reasonable suspicion to believe that I was under the influence of unlawful drugs or alcohol.

I understand that if I test positive for unlawful drugs or alcohol, I will be in violation of company policy and subject to discipline, up to and including termination of employment or withdrawal of a conditional job offer. Subject to applicable state and local law, I understand that I have the right to a retest if an initial test indicates use of unlawful drugs or alcohol, and that I will have the opportunity to explain to [EMPLOYER NAME] that a positive test result is due to my legitimate use of prescription medication. I understand that my refusal to take or complete a drug test required by [EMPLOYER NAME] will be grounds for discipline, up to and including my termination of employment or withdrawal of a conditional job offer. I understand that the test results will not be used for any other purpose than described in this form and [EMPLOYER NAME]’s drug testing policy.

I hereby release from liability [EMPLOYER NAME,] [NAME OF COMPANY PHYSICIAN,] [LABORATORY NAME,] and all other parties involved in testing for any actions taken during or after a drug test, including any violation of state drug testing laws, as well as errors in testing and any actions taken by [EMPLOYER NAME] following a test.

**Employees Covered Under a Collective Bargaining Agreement**

The terms of this consent form work in conjunction with, and do not replace, amend, or supplement any terms or conditions of employment stated in any collective bargaining agreement that a union has with [EMPLOYER NAME]. If any part of this consent form conflicts with a collective bargaining agreement that a union has with [EMPLOYER NAME], the collective bargaining agreement controls.

**Applicable Law**

This policy will be enforced and/or modified as needed subject to applicable federal, state, and local law.

**ACKNOWLEDGEMENT**

I acknowledge that a photocopy of this signed form has the same validity as an original signed copy of this form.

I acknowledge that I have fully read and understand this form and I consent to drug and alcohol testing under the terms discussed above and in [EMPLOYER NAME]’s drug testing policy. [I acknowledge and agree that I have had an opportunity to ask questions about this form before signing it.]

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