

CONSENT FOR DRUG SCREENING

EMPLOYER NAME / SELF-PAY: _____

CLIENT NAME: _____

DATE OF BIRTH: _____

I, _____, do hereby give my consent to Mackey Family Practice to collect the sample for the performance of appropriate tests listed below to identify the presence of drugs and/or alcohol **and to send the results to my employer listed above.**

The drug test will be by urine/or hair follicle testing. If the collector believes that there is a reasonable possibility that the applicant has or will tamper with or substitute the sample, the sample or an additional sample may be collected under conditions in which a person of the same gender of the applicant may witness the collection.

RANDOM _____ **FOR CAUSE** _____

URINE DRUG SCREEN _____ BREATH ALCOHOL _____

SERUM ALCOHOL _____ HAIR FOLLICLE _____

Applicant's Signature: _____ **Deadline for Test** _____

Witness Signature: _____