

# Model Drug & Alcohol Testing Consent Form



## Introduction: How to Use This Tool

Clear, fair-minded and carefully drafted testing standards and procedures are essential to enforcing your workplace drug and alcohol policies. You also need a form for job applicants and employees to sign giving their consent to submit to testing in accordance with the terms of your testing policy. Attach a copy of the consent form as an exhibit to the policy. Best practices also dictate having the job applicant sign the form after they're offered employment and making them submit to and pass pre-employment screening testing as grounds for employment. Refusing to be tested or testing positive, in other words, would be grounds for revoking the job offer.

## DRUG & ALCOHOL TESTING CONSENT & RELEASE FORM

I, the undersigned job applicant who has received an offer of employment from or employee who is currently employed by ABC Company, voluntarily give my consent to the taking of specimens for drug and alcohol testing as a condition of my initial and/or continued employment with ABC Company. I authorize the release of all results of such testing to ABC Company.

I release ABC Company; its agents, servants, representatives and assigns; the testing laboratory and its physicians, nurses, technicians; and any other employees or agents involved with my tests, from any and all liabilities, claims, or causes of action relating to such substance abuse screening including, without limitation, those that may result from administering such tests and/or the disclosure of test results.

I understand and freely and voluntarily agree that if ABC Company asks me to, I will submit to drug and alcohol testing. I also understand that either refusal to submit to testing or a positive test result may result in revocation of a conditional offer of employment or termination of my employment, as applicable.

In the case of a breath alcohol test, I understand and agree that if the breath alcohol test level as determined by the test reflects an illegal level of intoxication, I will be unable to operate a motor vehicle and must use an alternative form of transportation operated by someone other than myself. If I refuse alternative transportation, I understand and agree that law enforcement

officials may be notified.

I also understand that I may be required to submit to testing for the presence of drugs and/or alcohol within twenty-four (24) hours of a work-related injury. I understand that if I refuse to execute all forms of consent and/or refuse to consent to the testing after a work-related injury, my employer has the right to disciplinary action, up to and including termination.

Signature\_\_\_\_\_ Date

\_\_\_\_\_

Printed Name\_\_\_\_\_ ABC

Company\_\_\_\_\_