



KETTERING WORKERS' CARE

TESTING CONSENT FORM

I, _____, consent to provide a urine, blood and/or breath sample for drug and/or alcohol testing and hereby authorize the release of the results of such test to

Company's Name: _____.

I hereby release Kettering Workers' Care and its' employees from any liability arising from this request to provide my specimen(s) and decisions made concerning my employment based upon the results of said tests. (Note: this release and agreement may not apply to you, in which event, this paragraph shall be omitted with the remainder of the Testing Consent Form having full force and effect).

I have taken or am taking the following drugs, prescription medications, or non-prescription medication within the past 30 days.

Prescribing Name of Drug	Pharmacy/Ph#	Date	Physician
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Print Name

Social Security Number

(for urine and/or blood sample only)

PLEASE READ AND SIGN AFTER THE SAMPLE IS PACKAGED ACCORDING TO THE CHAIN OF CUSTODY PROCEDURE:

I acknowledge that the urine and/or blood sample(s) I have provided is my own.

Further, I attest to the following:

- My social security or specimen ID number was written on the Chain of Custody Form.
- I initialed the label or bag
- The sample container was sealed with confidentiality tape
- The sample was placed in a plastic bag/or box with the request form
- The bag/box was sealed to prevent unauthorized access.

Signature

Date

Signature of Person Handling Sample Collection

Date

(Signature of Parent or Legal Guardian)

Date