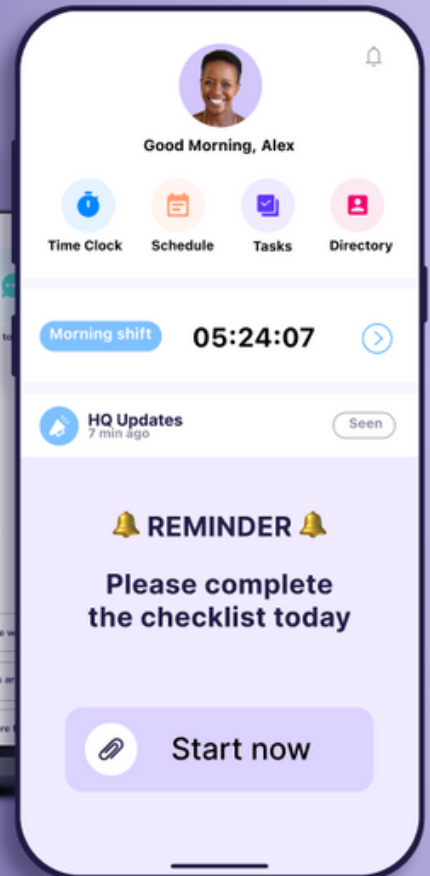


# Drug and Alcohol Testing Consent Form

Use our drug and alcohol testing consent form template as a starting point to customize yours to fit your business.



# Drug and Alcohol Testing Consent Form

Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Employee/Applicant Name: \_\_\_\_\_  
Employee/Applicant ID or Social Security Number: \_\_\_\_\_

## Consent Statement

I, [\_\_\_\_\_], hereby give my consent to [\_\_\_\_\_] and its designated representatives to conduct pre-employment, random, post-accident, reasonable suspicion, return-to-duty, or follow-up drug and alcohol testing as per the company's policy and applicable laws.

I understand that the testing will be conducted by a certified laboratory and may include the analysis of urine, blood, breath, saliva, or other biologically sampled materials.

## Acknowledgment

- I acknowledge that a positive test or refusal to submit to testing may result in disciplinary action, up to and including termination of employment or withdrawal of the job offer.
- I understand my rights regarding the testing procedure, the confidentiality of the results, and the consequences of a positive test result or refusal.
- I agree that the results of the drug and alcohol test may be disclosed to authorized company personnel and relevant legal entities if required.

## Liability Release

- I release [\_\_\_\_\_], its representatives, and the testing laboratory from any liability arising from the testing process, the handling of the test results, and decisions made based on the outcome of the test.
- I agree to hold harmless the company and its representatives for any action taken based on the results of the drug and alcohol test.

## Consent to Release Information

- I authorize the release of the test results to [\_\_\_\_\_] and relevant parties as required for employment decisions and legal compliance.
- I understand that the results will be treated as confidential to the extent required by law and company policy.

## Employee/Applicant Signature

By signing below, I confirm that I have read, understood, and agreed to the terms and conditions outlined in this consent form.

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

## Employer Representative Signature

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

Title: \_\_\_\_\_