



Consent For Drug / Alcohol Screen Testing

I _____ (Name of Applicant), have been fully informed by my potential employer of the reason for this test for drug and/or alcohol. I understand what I am being tested for, the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to Cross Country Infrastructure Services and become part of my record.

If this test result is positive, and for this reason if my pre-employment or my current employment status is affected, I understand that I will be given the opportunity to explain the results of this test.

I hereby authorize these test results to be released to Cross Country Infrastructure Services, and (Client Company) _____ due to their co-employment agreement.

Applicant Signature _____

Date _____

Witness Signature _____

Date _____

(FOR OFFICE USE ONLY)

Reason for testing (Circle One)

Pre-Employment

Random

Reasonable Cause

Accident Investigation

Routine

Testing Appointment (Date/Time) _____

Clinic Name _____

Address _____

City _____ State _____

Phone # _____ Fax# _____

Results Expected back _____

Service To Be Performed (Circle One)

DOT Physical

DOT DRUG Screen

Breath Alcohol

NON-DOT Physical

NON-DOT Drug Screen

Other _____

Comments:

