

Post-Accident Consent and Release Form
(For companies with a former drug policy)

1. The undersigned, _____, hereby authorizes Dr. _____ and whoever may be designated as his or her assistant, to perform a drug and/or alcohol-screening test. I have been informed and understand the nature and purpose of the drug-screening test, the probable consequences thereof, and the possible alternatives, including refusing to submit to a drug test. The possibility of occurrence of complications has been explained and is understood by me. I further state that my physician has answered all questions that I have raised with respect to the proposed procedure to my satisfaction. I have no other questions.
2. It has been explained to me that during the course of the drug and/or alcohol screening test, unforeseen conditions may be revealed that necessitate an extension of the initial procedure of a different procedure than that set forth above. I, therefore, authorize and request the above-named physician or designated consultant to perform such procedures that is his or her judgment are necessary and desirable.
3. I also give permission to the hospital pathologists and any of their consultants to examine any blood, urine, breath or other bodily substance which is removed from the body during this drug screening test and consent to the preparation of a diagnostic and chromatographic report on this material. In addition, I consent to the retention and disposal of such blood, breath and urine in accordance with standard policy.
4. The undersigned further understands and agrees that the drug and/or alcohol screening procedures as set forth in the Company Drug and Alcohol Policy are acceptable and will be complied with. The undersigned further acknowledges receipt of the Company Drug Policy
5. The undersigned further understands that he or she has the right to refuse to undergo the drug and/or alcohol screening testing, and understands the consequences as set forth in the Company Drug Policy.
6. Listed below are any medications, the dosages and the prescribing physician, if any, including over-the-counter drugs, which I have taken within the last thirty (30) days.

7. Accordingly, the undersigned hereby consents to undergo the drug and/or alcohol screening tests, and authorizes the release of the drug and/or alcohol screening test results to the Company, in accordance with the Company drug test.

Signed: _____ Date: _____ Witness: _____

PHYSICIAN DECLARATION:

I have fully explained to the patient/employee; or the nearest responsible relative in the case of a minor or the patient who is physically and/or mentally incompetent; all the matters included in this document and have answered all the questions, and to the best of my knowledge and belief, the patient has been adequately informed and has consented to undergo the proposed drug and/or alcohol testing procedure.

Date: _____ Time: _____ Physician's Signature: _____