

CONSENT AND AUTHORIZATION FOR ALCOHOL  
AND DRUG SCREENING POST-ACCIDENT

Employee:

Date of Birth:

Address:

The undersigned hereby consents to and authorizes an alcohol and drug screen/chemical testing to be performed following any work related accident that requires medical attention. I understand that if I refuse to voluntarily submit to the alcohol and drug screen/chemical testing, my refusal shall be considered evidence of impairment as provided by K.S.A. 44-501.

I have read the above and foregoing Consent and Authorization for Drug and Alcohol Screening, Post Accident and do hereby acknowledge that I am familiar with and fully understand the terms and conditions of this authorization. It is expressly agreed that a photocopy of this authorization shall be considered as valid as the original.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Witness