

**EMPLOYER SCREENING / DRUG SCREEN COLLECTION**  
**Patient Information**

Today's Date \_\_\_\_\_

Name of Employer / or Prospective Employer \_\_\_\_\_

Employer Phone (     ) \_\_\_\_\_ Sent by \_\_\_\_\_

Patient Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**The following information and requirements apply when a drug screen is to be performed:**

1. You must present *photo identification*, which will be copied.
2. You will be asked to remove any unnecessary outer garments, e.g. Coat, and Jacket. All personal belongings (eg. Purse, Briefcase) must remain with outer garments.
3. This is a Urine Test and 40ml (1 ounce) of urine will be required. If you do not think you can provide it, please ask for some water.
4. Once you are called back to process your paperwork you will not be allowed to leave the premises until you give a complete urine sample. Give the sample to collector within 3 minutes of urination.
5. You will not have access to water in the restroom during the procedure. You must wash your hands before and after obtaining the sample.
6. Your company will be contacted with the results no sooner than 48 to 72 hours, and then will contact you.
7. Urine drug screening is performed to determine if a patient has been using illicit drugs. There are legitimate prescription medications that may cause the test to be falsely positive, i.e.; the test result indicates illicit use of drugs when a patient is using only prescribed medications. Per the American Disabilities Act, there are possible legal ramifications for health care providers to question patients undergoing drug testing about medications taken on the days prior to the day of testing. If you test positive for a prescription medication you may be asked to produce a valid prescription for it at that time. If your specimen is positive for any non-prescription drugs, such as Cocaine, Methamphetamines, Morphine, PCP (Phencycline), THC, or Marijuana, your specimen will be sent to the laboratory for confirmation.

I understand the requirements and am able to comply with the above.

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

*Front Office use only:*

r Photo ID obtained and copied. Initial \_\_\_\_\_

r Employer authorization obtained

Employer Profile# \_\_\_\_\_