



Drug Screening Authorization Form

In accordance with my employer's substance abuse policy, which I have read and understand, I do hereby give my consent for AAA Building Maintenance and Concentra Medical Centers to perform tests on me including analysis of urine, saliva and/or blood samples for the presence of alcohol and other drugs.

Such tests may be requested at any time, and without prior notice.

I understand that if a test is positive for any illegal drug or alcohol prior to employment I may be subject to disqualification for employment. A positive test while I am an employee may result in disciplinary action up to, and including, immediate termination of employment.

Print Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Cell): _____

Employee Signature

Date

Witness Signature

Date