

## DRUG & ALCOHOL CONSENT WAIVER & AUTHORIZATION

Employer:	Applicant Name:
Location / Department:	Applicant SSN:
Who requested test:	Position:
Phone:	Collection site name: <input type="checkbox"/> QUEST DIAGNOSTICS - OR - <input type="checkbox"/> OTHER: _____
Specimen ID #: (IN UPPER LEFT CORNER OF COC FORM)	
<b style="color: red;">Permissible Purpose for Drug and/or Alcohol Screen:</b> <input type="checkbox"/> Pre-employment <input type="checkbox"/> Periodic <input type="checkbox"/> Random <input type="checkbox"/> Post Accident <input type="checkbox"/> For Cause <input type="checkbox"/> Re-Entry	

I have been informed and I understand that as a condition of an offer of “at-will” employment or as a condition of my continued “at-will” employment, I must submit to a urine or hair drug screening test and/or a breath-alcohol screening test. I further understand and agree that the results of this test will be used solely to determine my fitness for employment or my fitness for the job to which I am applying. I have voluntarily consented to this process and authorize the release of the results of any test performed to my employer, legal agent of my employer or potential employer, to whom I have applied for employment.

I hereby authorize **Quest Diagnostic Laboratories**, or a recognized collection site to be named, to obtain a specimen of my urine or hair for the purpose of determining the presence of alcohol, and/or controlled substance therein and to further determine the content thereof.

And, if applicable, I further authorize the release of information obtained by the Medical Review Officer, specifically if involved in Department of Transportation (D.O.T.) required regulations, to any physician needing such information to complete D.O.T. required certifications.

I hereby release **Compliance Background Screening Services (CBSS)** and/or **Quest Diagnostic Laboratories** from any and all claims of action resulting from the disclosure of these results to my employer or potential employer.

I further indemnify and hold **CBSS** and/or **Quest** harmless from and against any and all liabilities or judgments arising out of any claim related to (i) the employers’ submission and handling of tests samples, (ii) compliance by employer with federal and state law, or (iii) the employer’s interpretation, use (including employment decisions), and confidentiality of the test results.

Signature:	Date:
Day Phone:	Evening Phone: