

Agreement to Submit To a Drug or Alcohol Screen

By a Urine, Blood, Hair, and/or Breath Analysis or Test
&
Authorization for the Release of Medical Information
To the University of Louisiana at Lafayette

I have been requested to submit to a drug screen by a urine (and/or blood, hair, and breath) test and medical assessment.

I have been informed and I understand that my agreement to submit to the requested drug screens by a urine (and/or blood, hair, and breath) test is completely voluntary on my part, and that I have the right to refuse to submit to the test. I am aware and have been told that my refusal to submit to the drug screen by a urine (and/or blood, hair, and breath) test and/or medical assessment may be grounds for disciplinary action against me up to and including termination.

I have also been informed and am aware and hereby authorize that the results of this drug screen by a urine (and/or blood, hair, and breath) test and/or medical assessment may be released to the EEO/ADA coordinator and such other University officials as may be determined necessary. I understand that the information so released to the University will be used to determine whether I was fit to perform my job duties, and/or whether I had violated the University's work rules concerning drug use and that the results of such test(s) may form the basis for disciplinary action against me, up to and including termination/dismissal.

With full knowledge of the above information, I have decided to voluntarily agree and submit to the requested drug screen by a urine (and/or blood, hair, and breath) test and/or medical assessment.

Date

Employee Signature

Date

Parent Signature (if minor under 18)

Note: A witness other than the supervisor who has requested that the employee submits to a drug screen by a urine (and/or blood, hair, and breath) test and/or medical assessment should also sign the consent form.

Date

Witness Signature