

Drug and Alcohol Screening Consent Form

Full Name:

Date of Birth:

Position/Title:

Employer Name:

I hereby authorize and give my voluntary consent to undergo testing for drug and alcohol use as required by my employer. I acknowledge that this screening may include the collection of urine, blood, hair, or breath samples for laboratory analysis. I understand that a positive result or refusal to participate may affect my employment status in accordance with company policy.

Additional Comments (if any):

Employee Signature:

Date:

Witness Name:

Witness Signature:

Date: