



BAY WALK-IN CLINIC, INC.
DRUG SCREEN OR STEROID TEST CONSENT

Form with fields for PATIENT NAME, DOB, AGE, SEX, PHONE NUMBER, ADDRESS, CITY, STATE, ZIP, SOCIAL SECURITY NUMBER.

I, _____, understand that a urine drug screen determination is a prerequisite for employment/truck driver certification. I understand that it is due to the company's interest in selecting the best available candidates for employment/truck driver certification and their dedication to providing a safe and productive work place that they may have chosen to include the urine testing of drugs as a mandatory part of the pre-employment/truck driver certification physical examination.

A drug screen may be required at pre-employment, random, for reasonable cause, post accident, return to duty, follow-up testing, and according to the company policy. A drug screen/steroid test may also be performed for personal reasons.

I understand that these are done under stringent laboratory conditions in order to assure their accuracy. I understand the test will be done for some prescription and some non-prescription medications as well as for illegal street drugs (DOT drug screens are limited to testing for five drugs).

I have read the foregoing information and understand it completely. I do hereby give consent for a drug screening/steroid test and the submission of my urine sample testing by the lab chosen by the company or by requesting entity. Further, I agree that the laboratory may release any and all information concerning these results to the appropriate medical review officer if so mandated or to the designated representative in other circumstances.

Release of Liability: I, the undersigned, hereby release Bay Walk-In Clinic, Inc., the physicians, nursing personnel, and other staff of Bay Walk-In Clinic, Inc. from any liability or responsibility, as the results, or the continuity of possession of the urine drug screen and urine sample. I certify by my signature below that I understand the above and that I am not under the influence of any substance that would prevent me from understanding the above waiver and release.

This is to certify that I understand and grant my permission that these drug screen results, and or copies of my medical records or portions thereof, or copies of diagnostic reports made by Bay Walk-In Clinic, Inc. will go to:

Time In _____ Time Out _____
Company Name/Requesting Party _____ Signed _____ Date _____
Witness _____ Date _____

TYPE OF UDS or STEROID TEST: Random Pre-Employment Post-Accident
Observed Re-Test Periodic Other DOT Non-DOT

C of C # _____

Collectors Signature _____

Airborne Fed Ex Other Airbill # _____

Disclaimer: The Health Care Insurance Portability & Accountability Act of 1996 (HIPAA) describes the handling of confidential protected health care information (PHI) as it appears in treatment documents. The Federal and State Drug Free Workplace Acts' drug and alcohol results are part of search and seizure documents and are not considered PHI. Nevertheless Bay Walk-In Clinic, Inc. will maintain confidentiality for all testing results and disclose them only to the employee, the designated representative, the employer, and the appropriate government agencies that have the need to know under the act. (R 9/4/07)

