



Drug/Alcohol Testing Consent Form

Company Name: _____

Applicant/Employee Name: _____

SS #: _____

I hereby agree to submit to a drug or alcohol test by furnishing a sample of my urine, breath, hair, saliva or blood for analysis. I have been fully informed of the reason for this test and I understand what I am being tested for and the procedure involved. I am fully aware that the results of this test will be forwarded on to my potential employer or current employer and will become part of my record.

I hereby certify that the specimen I am about to provide is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and/or alcohol.

Listed below is the medication I have taken in the last 30 days:

Current Medication	OTC or Prescribed	By Whom
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ID Verified

Signature of Applicant/Employee

Date

Pulse Representative

Date