

RELEASE FOR DRUG SCREEN

Patient Name: _____ Today's Date: _____

Date of Birth: _____ SSN: _____ Phone: _____

Address: _____
STREET CITY STATE ZIP

I authorize **Med Plus Atascadero** to take from me the required specimen, be it blood or urine. I give this specimen voluntarily with the understanding that it will be tested for common drugs of abuse. I further authorize the results of this testing to be released to my place of employment.

Employer: _____ Employer Phone: _____

I also understand that the results of this testing are *confidential* and to be used by my place of employment in order to aide in determining suitability of employment. Suitability is to be determined by my place of employment.

I hereby fully and finally release **Med Plus Atascadero** and the employees therein from any and all claims actions and potential claims arising from this drug screen testing. Below is a list of any and all medications, prescription, over-the-counter or otherwise that I may have ingested in the past 30 days:

Applicant Name (please print): _____

Applicant Signature: _____

FOR OFFICE USE ONLY

Witnessed By (please print): _____

Witness Signature: _____

Picture ID Type: _____ ID#: _____