

DRUG SCREEN CONSENT AND RESULTS

I give my consent to be drug tested for employment with this agency.

Required Agency Actions for a Positive Test Result

Unless the employee has a valid prescription for controlled substances for which the employee tested positive, the agency must take the following action:

- A) If the employee's test result is positive, the agency must have the test verified by a confirmation test.
- B) If a confirmation test verifies a positive result, the agency shall:
 - a. Discharge the employee or
 - b. Suspend the employee from direct patient care for at least six months

EMPLOYEE PRINTED NAME: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

TEST ADMINISTERED BY: _____ DATE: _____

BZO	Neg	Pos	COC	Neg	Pos	THC	Neg	Pos
MET	Neg	Pos	OPI	Neg	Pos	AMP	Neg	Pos

WITNESS: _____ DATE: _____

Annually During Flu Season (Oct 1 – March 31)
Signal Health Group of Raleigh

DOH:

**Flu Vaccine
obtained by
Employee:
✓ as applies:**

If no, encouraged to obtain flu vaccine
✓ if yes

**Agency Supervisor/HR/
Designee
Sign Off**

YES

NO

[illegible]