**Non-DOT Informed Consent and Notice for Drug, Alcohol, and Cannabis Screening of City Employees and Applicants, LMC Model Form**

Helpful background information on this model may be found in the Information Memo [*“Drug and Alcohol Testing Toolkit for the City Workplace*](https://www.lmc.org/resources/drug-and-alcohol-testing-toolkit-for-the-city-workplace/)*”.*

**Exclamation point in a circle. Marks additional comments on use of form.This icon marks places where the city must customize the model. They offer additional provisions, optional language, or comments for your consideration. The icon, and language you do not wish to include, should be deleted from this model before use. Make other changes, as needed, to customize the model for your city.**

**CITY OF \_\_\_\_\_\_\_**

**CITY EMPLOYEE AND APPLICANT**

**NON-DOT**

**NOTIFICATION AND DRUG SCREENING CONSENT FORM**

I acknowledge that I have received and understand the city’s Non-DOT, Drug, Alcohol and Cannabis Testing Policy.

I agree to comply with the city’s policy on drugs, alcohol and/or cannabis and understand failure to comply is grounds for disciplinary action, up to and including termination.

I hereby consent to undergo drug, alcohol and/or cannabis testing pursuant to said policy, and I authorize collection of a urine, oral fluid, blood and/or breath sample from me for these purposes.

I understand that the procedure employed in this process will ensure the integrity of the sample and is designed to comply with medical and legal requirements.

I consent to the release of the drug, alcohol and/or cannabis test results in accordance with the city’s Drug, Alcohol Cannabis Testing Policy to the selected Medical Review Officer (MRO), to the city’s testing laboratory ([List lab name here]) if one is used for non-oral fluid testing, to and within the city on a need-to-know basis, and to additional parties in accordance with written authorization or as otherwise required by applicable or state law.

*Exclamation point in a circle. Marks additional comments on use of form.* *If the city does not have a medical review officer you may insert instead “to the City’s third-party administrator \_\_\_\_\_\_\_ “, inserting the current administrator’s name.*

I further understand that the results of this testing may affect my employment status, as described in the policy.

In the event of a post-accident test, the drug and/or alcohol test result(s) may also be provided to the workers’ compensation insurance carrier.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness

**Drug, Alcohol and Cannabis Screening Refusal of Consent**

I hereby refuse to submit to the drug, alcohol and cannabis testing process.

I have seen a copy of the city’s Drug, Alcohol and Cannabis Testing Policy and understand that, if I am an applicant, my refusal to submit to testing will subject me to withdrawal of the city’s conditional offer of employment, and if I am an employee, my refusal to submit to testing will subject me to disciplinary proceedings including, but not limited to, employment discharge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness

If employee refuses to sign, indicate “Refused to sign”.

**DATA PRIVACY NOTICE**

The information collected pursuant to this policy is used to determine your eligibility for employment and the performance of certain safety sensitive functions. You are not required to provide information and submit to the tests, but your failure to do so will result in the city withdrawing a conditional job offer or you may be disciplined (up to and including discharge) from employment, whichever may apply. The results of the tests performed will be private data and will not be released to other employers, governmental agencies, or persons without the written consent of the employee tested, except as otherwise provided by regulation and law pursuant to a court order. Only those individuals with a necessity to perform their functions under this policy will have access to the test results.