

DOT PRE-EMPLOYMENT CONTROLLED SUBSTANCES TESTING CONSENT FORM

I understand that as required by the U.S. Department of Transportation Regulations, applicants covered under 49 CFR Part 382.302 for FMCSA (Federal Highway) must be tested for controlled substances as a precondition for employment.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive, adulterated, substituted or dilute test result for controlled substances will disqualify me for a position with this employer, unless I can provide a valid medical statement highlighting a health problem as the cause of the test result.

A Medical Review Officer will review my test result from the laboratory and report the result to my prospective employer. If the results are positive, the controlled substance will be identified and reported to the employer. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Name: _____
(Printed Name) (Signature)

Date: _____