

ANTI DRUG COMPANY: SCREENING FORM

344 NORTH FRONT STREET COOS BAY, OREGON 97420

TO BE FILLED OUT BY EMPLOYER

CONTACT NAME _____ SIGNATURE _____

PHONE _____ FAX _____

{PICTURE ID REQUIRED}

PRE-EMPLOYMENT, RANDOM, POST-ACCIDENT _____ DATE _____

WHICH TEST IS TO BE PERFORMED?

Please check one;
SINGLE PANEL _____
2 PANEL _____
3 PANEL _____
5 PANEL _____
8 PANEL _____
10 PANEL _____
DOT _____
ALCOHOL TEST _____

COMPANY NAME _____

ADDRESS _____

CITY&STATE _____

SSN _____

EMPLOYEE NAME _____

ADDRESS _____ MALE _____

CITY&STATE _____ FEMALE _____

TO BE FILLED OUT BY ANTI DRUG SCREENING COMPANY REPRESENTATIVE

NAME OF TESTER _____ SIGNATURE _____

TIME _____ TEST TEMP _____ NEGATIVE _____ POSITIVE PENDING _____

TO BE CONFIRMED YES NO

EMPLOYEE SIGNATURE _____