

Drug and Substance Disclosure

I understand that I may disclose in the space provided below the use of a drug, medication or pill (prescription or non prescription) that I may be taking at this time, or may have taken in the last thirty (30) days. At my option, I may indicate the same information to agents of the testing facility at the time a sample is taken.

Name of Drug	Prescribing Physician	Over the Counter
--------------	-----------------------	------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Union and Management have decided on alternate laboratories in case of disputes. Any Employee is given twenty-four (24) hours from the time of notification that they failed the drug test. Within the twenty-four period, you can request a confirmatory test by one of the approved laboratories using the same sample.

Witness

Employee/Applicant

SSN _____

Date: _____