

WorkersCare
Preemployment Physical / Drug Screening

PATIENT NAME: _____
(LAST) (FIRST) (MIDDLE)

MAILING ADDRESS: _____

STREET ADDRESS: _____

CITY-STATE-ZIP: _____ HOME PHONE# _____

EMPLOYER _____ WORKPHONE# _____

SEX: M F BIRTHDATE _____ SS# _____ Cell Phone# _____

Authorization for Drug Screening/Physical Examination

I authorize _____, any of its subsidiaries and affiliated entities, WorkersCare,
Employer Name
Canton Orthopaedics & Sports Medicine, P.C. and any other facility selected by my employer (referenced above) to obtain a specimen(s) of my _____ urine, _____ saliva _____ blood (Please Specify) for chemical analysis.

The purpose of this analysis is to determine or exclude the presence of alcohol, drugs, or other substances, in accordance with the substance abuse policy of the company with which I am employed, or with which I am seeking employment.

I understand that decisions may be made concerning my application for employment or continued employment as a result of this test and/or the physical examination results.

Test results and/or physical examination results will be released to authorized personnel only.

I, therefore, consent to this test for substance use and/or physical examination for employment purposes and hereby release from any liability for employment decisions resulting from this test and/or examination, the following companies and their directors, employees, agents, and contractors:

WorkersCare, Canton Orthopaedics & Sports Medicine, P.C., My employer (referenced above), Clinical Reference Laboratory, Northside Hospital Cherokee, Quest Laboratories, Smith-Kline, Lab Corp.

_____ I understand that a copy of this physical will be released to my employer which may include HIV, alcohol,
Initials drug and mental health information. I understand that decisions may be made concerning my application for employment as a result of this physical examination.

SIGNATURE MUST BE WITNESSED BY RECEPTIONIST.

Date

Witness Signature

Employee Signature

Witness Name Printed

Employee/Applicant Name Printed