



NSHE | BCS | RISK MANAGEMENT
POST-ACCIDENT ALCOHOL/DRUG TEST CONSENT FORM

EMPLOYER: Employee fills out this form and signs at the bottom. Have a supervisor on scene with a witness (if available). Supervisor and witness, be prepared to sign the bottom of this form if employee refuses to sign form and go for testing.

I, _____ pursuant to a request by my appointing authority, hereby give my consent to and authorize the State of Nevada and/or The Nevada System of Higher Education (NSHE) and the testing laboratory designated by the State and/or NSHE to perform analytical tests deemed necessary to determine the absence or the presence of alcohol and/or drugs in my urine, blood, or breath as specified by statute and regulation.

I give my consent to release the results of the test(s) and other related medical information from the laboratory to individuals within the State and/or NSHE who, pursuant to statute or regulation, have a need to know of the alcohol and drug testing results and to the use of all such reports or other medical information by the State and/or NSHE in its assessment of my employment status. I understand the results of the test may not be used in any criminal proceeding.

I understand that:

I have the right to request a re-test of the initial specimen at a laboratory of my choice, and at my expense., certified by the United States Department of Health and Human Services, when I have a positive test for drugs. All requests for a re-test of the sample must be made within ten (10) working days of the receipt of the original positive test result. The results of the sample must be forwarded to me by the appointing authority of the agency.

A positive test for alcohol and/or drugs, or my refusal to authorize the test(s) by signing this form, taking the specified test(s) or producing a specimen, may result in the following action: a referral to an employee assistance program and/or disciplinary action up to and including termination in accordance with statute, regulation, and any applicable policy.

Applicant/Employee Signature

Date

Supervisor's Signature (if employee refuses to sign)

Date

Witness' Signature (if employee refuses to sign)

Date

Copies: Employee, Risk Management