

**OCCUPATIONAL HEALTH & WELLNESS
2510 HIGHWAY 127
KATHLEEN, GEORGIA 31047**

**CONSENT FOR
DRUG AND ALCOHOL TESTING**

PLEASE PRINT

Name: _____
Last First Middle initial

Date of Birth Phone # SS#

Address: _____
Street Lot# or apt#

City State Zip

EMPLOYER/SCHOOL/AGENCY THAT REQUESTED DRUG SCREEN PHONE #

I hereby consent to have an evidential breath alcohol test and/or to have a specimen of my urine/blood taken. I understand that my specimen will be analyzed for the presences of drugs and alcohol by a reference laboratory. The results of these tests will then be released to _____ or their designated Medical Review Officer.

I hereby release Occupational Health and Wellness, a service of Houston Healthcare, all physicians, reference laboratories, and above named employer/company, their employees, agents, and representatives from any and all liability arising from the release of the information discovered on my test.

Consent: _____
Signature Date