



# SCOTT & WHITE

Occupational Medicine Department

## APPLICANT CERTIFICATION AND WAIVER

The undersigned employee of **Scott & White** presents himself/herself for the procedure checked below, pursuant to a request, policy, or procedure of the named employer.

I authorize oral swab and/or urine be collected and analyzed to determine the presence of narcotics, marijuana, cocaine, alcohol, or other drugs or substances as requested by the employer and indicated on the attached chain of custody form.

I hereby release Scott & White Clinic, an association, and its testing laboratories, their employees, agents, officers, directors and those of its affiliates, Scott & White Memorial Hospital and Scott, Sherwood and Brindley Foundation and Scott & White Health Plan (collectively called "Scott & White"), from any and all liability relating to the testing regimen(s) as checked below, except only for negligence in the collection and testing of the specimen and the reporting or the failure to maintain appropriate confidentiality thereof. Specifically I release Scott & White from responsibility for any decisions or actions of my employer arising out of the results of such test(s). I also authorize the release of such test results to my employer and if as a result of such test(s) Scott & White becomes aware of any other disease, condition, or health information being tested for, I understand that I will not be provided such information.

NAME		SIGNATURE	
SSN	DOB	PHONE NUMBER	
STREET ADDRESS		DATE/TIME	
CITY	STATE	ZIP	

### FEDERAL IDENTIFICATION REQUIRED

#### URINE DRUG SCREEN TEST

(Initial)\_\_\_\_\_ I consent to a urine drug screen. I understand that the results of this analysis will be processed confidentially and reported in accordance with the employer's policy.

#### ORAL SPECIMEN SWAB DRUG SCREEN TEST

(Initial)\_\_\_\_\_ I consent to a oral specimen swab drug screen. I understand that the results of this analysis will be processed confidentially and reported in accordance with the employer's policy.

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### FOR STAFF USE ONLY

PHOTO ID?

YES

NO

\_\_\_\_\_  
COLLECTOR'S SIGNATURE

\_\_\_\_\_  
DESIGNATED EMPLOYER REPRESENTATIVE

*Disposition: Genelle Brinkley/SPAM*