

**CLINTON COMMUNITY SCHOOL DISTRICT**  
**DRUG/ALCOHOL TEST NOTIFICATION FORM**

**FROM:** Drug Contact Person **THIS FORM MUST BE RETURNED TO THE HUMAN RESOURCE OFFICE.**

**DATE RECEIVED:** \_\_\_\_\_

**TO:** \_\_\_\_\_ **SOCIAL SECURITY#** \_\_\_\_\_

The above named employee is to have the following test:

\_\_\_ Drug                      \_\_\_ Alcohol                      \_\_\_ Both Drug & Alcohol

**Type of test:**

\_\_\_ Random                      \_\_\_ DOT Pre-employment Drug Test                      \_\_\_ Post Accident

\_\_\_ Follow-up                      \_\_\_ Reasonable Suspicion                      \_\_\_ Return to duty

The above named person has been tested as required above.

Name of BAT and or COLLECTOR \_\_\_\_\_

Date of test \_\_\_\_\_

Federal Law requires that advance notice of testing is not to be given. Refusal to test is a violation of Federal Law. The penalty declares the driver unqualified to drive until a negative test result is obtained.

Employees must inform their immediate supervisor and/or the breath alcohol technician (BAT) if using any prescription or over the counter medications on the day of the test.

I \_\_\_\_\_, understand that I am to go to the **URGENT CARE CLINIC AT 2400 LILLIAN WAY** (by Walmart). **You must report to the collection site directly and immediately on the same day as your date received on this notification form.** Failure to go to the collection site on the date received on this notification form is considered a refusal to test.

I further understand my drug & alcohol testing results are reported to the Iowa Drug and Alcohol Testing Medical Review Officer for the purpose of completion of reports including, but not limited to the Annual Summary/MIS reports required under the federal drug and alcohol testing regulations.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

**RETURN THIS FORM TO THE HUMAN RESOURCE OFFICE**