

CLINTON COMMUNITY SCHOOL DISTRICT
DRUG TEST NOTIFICATION FORM

FROM: Drug Contact Person

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 Physical Pre-employment
(Drug Only) 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 CLINTON MIDDLE SCHOOL NURSES OFFICE, 1350 14TH STREET N.W.** 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.

Since this is a requirement as a CDL carrier, you will be paid a minimum of 2 hours for time spent going to the test site, time at the test site and time coming back from the test site. Please add this time to your time slip.

I further understand my drug 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

Make sure you take your copy of the drug form with you. Leave all other forms with the nurse.