



**DRUG TEST CONSENT FORM**

I, \_\_\_\_\_, in consideration for my desire for a safe work environment, hereby give my consent to and authorize \_\_\_\_\_ (hereinafter "Company") and the laboratory designated by the Company to perform analytical tests deemed necessary to determine the absence or presence of alcohol and/or drugs in my urine as outlined in the Company Drug Policy and Air Safety Circular GEN 05.

I give my consent to release the results of the test(s) and other related medical information from the laboratory to individuals within the Company and CAD 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 Company in its assessment of my employment application and/or employment status.

**I understand that:**

- The designated testing laboratory may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I must provide such proof within 72 hours.
- I have the right to request a re-test of the initial specimen at a licensed laboratory when I have a positive test for drugs. All requests for a re-test of the sample must be made within 72 hours of the receipt of the original positive test result. The results of the sample must be forwarded to me by the Company.
- 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:
  - **Applicants** - rejection of my employment application for safety sensitive related positions for one year or until I demonstrate I have successfully completed a substance abuse treatment program.
  - **Employees** - 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

\_\_\_\_\_  
Supervisors Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (If employee refuses to sign)

\_\_\_\_\_  
Date

**Distribution:** Company Copy  Applicant/Employee Copy

NOTE: Maldives Police Service Drugs and Chemical Laboratory and National Narcotics Control Board Laboratory are the CAD approved laboratories.