



Taking You Where You Want To Go

EMPLOYEE CONSENT FORM

Controlled Substance and Illicit Drug Testing

I hereby consent for Spoon River College to direct the collection of blood, urine, hair, or saliva samples from me and to conduct other necessary medical tests to determine the presence or use of alcohol, drugs, or controlled substances. Further, I give my consent for the release of the test results, and other relevant medical information to authorized College officials for appropriate review. I understand that if I refuse to consent, I may be subject to disciplinary action, including termination of employment.

AGREED TO:

_____ Date _____
Employee

_____ Date _____
Witness

REFUSED:

_____ Date _____
Employee

_____ Date _____
Witness