

## ALCOHOL/DRUG TEST CONSENT FORM

**EMPLOYER:** *If applicable, state objective facts giving rise to the belief that the employee is under the influence of alcohol or a controlled substance.*

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I, \_\_\_\_\_ pursuant to a request by my appointing authority or as a condition of employment with the State of Nevada, Department of \_\_\_\_\_ hereby give my consent to and authorize the State and the testing laboratory designated by the State to perform analytical tests deemed necessary to determine the absence or the presence of alcohol and/or drugs (**Employer: Check all that apply**) in my  urine,  blood, or  breath as specified by statute and regulation.

I give my consent to release the results of the test(s) and other related medical information from the laboratory to individuals within the State 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 State in its assessment of my employment application and/or employment status. I understand the results of the test may not be used in any criminal proceeding.

**I understand that:**

The appointing authority 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 laboratory of my choice, certified by the United States Department of Health and Human Services, when I have a positive test for drugs. All requests for a re-test of the sample must be made within ten (10) working days of the receipt of the original positive test result. The results of the sample must be forwarded to me by the appointing authority of the agency.

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 public safety related positions for one year or until I demonstrate I have successfully completed a substance abuse treatment program (NAC 284.894).

**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

\_\_\_\_\_  
Supervisor's Signature (if employee refuses to sign) \_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature (if employee refuses to sign) \_\_\_\_\_  
Date

Distribution: Agency, Employee/applicant