

**Montgomery County Government
Office of Human Resources
Fire/Rescue Occupational Medical Services**

Consent Form for Collection -- Pre-employment Drug/Alcohol Testing

I, _____, the parent/guardian of _____,
[Parent/Guardian printed name] [Minor's printed name]
authorize Montgomery County Occupational Medical Services [OMS] to perform a medical examination on the above named individual. I certify that the above named individual is at least sixteen (16) years old.

I understand that the examination will include collection of a urine specimen to be tested for drugs and alcohol. The process for evaluating the specimen is as follows:

1. The individual completes the 'Authorization To Obtain Specimen' and the 'Authorization for Release of Information Relating to Drug/Alcohol Testing' forms and signs and dates them.
2. A specimen is collected from the individual, separated into containers to allow future retesting, and sent to the lab with the appropriate custody and control forms
3. The results are received in OMS and reviewed by the Employee Medical Examiner [EME]
4. If the results are positive, the EME will call the individual who gave the specimen to conduct a telephone interview to determine if there is any medical indication for the positive result. If there is a medical indication for the results, the EME will certify the results as negative. If the EME determines there is no medical indication for the positive result, he will certify the drug screen results as confirmed positive and inform the individual of the right to a retest.
5. The EME will make three (3) reasonably spaced attempts within a 24-hour period to reach the individual to discuss the results before making his determination and certification.
6. If the EME is unable to reach him/her, or once the EME has spoken to the individual and confirmed the results as positive, a memorandum of notification of the positive results will be sent to the Manager in the Office of Human Resources (OHR) ten (10) days after the EME has determined the results to be positive. If the tenth day falls on a weekend or a holiday, the memo is sent on the next business day. A copy of the memo sent to OHR and a copy of the individual's drug screen results are sent, via certified mail, to the individual and, if the individual is a minor, also to the parent or guardian identified below.

_____ I do not wish to be included in the telephone discussion of results for my minor child.

_____ Please include me in the discussion of results with my minor child. I can be reached at the following number from 8 AM – 4:30 PM Monday through Friday.

(_____) _____ - _____

I understand that the EME will discuss the results with my minor child if I am unable to be reached at the above number within 3 attempts.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date _____

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