

**Montgomery County Government**

**Non - DOT Authorization to Obtain Specimen for Drug Testing**

**Reason for Test [Check One]:**

**Pre-Employment**

**For cause**

**Return to Duty**

**Follow-up**

I authorize Occupational Medical Services of the Montgomery County Government or any doctor, nurse, technician, laboratory personnel at any laboratory or medical center designated by Montgomery County Government to collect a \_\_\_\_\_ breath sample for alcohol testing and a \_\_\_\_\_ urine sample/specimen for drug testing. My sample/specimen was give on [enter date] \_\_\_\_\_ at Occupational Medical Services, 255 Rockville Pike, Suite 125 Rockville, MD, 20850.

I have been informed that the laboratory named below will perform the urine test for drugs and that this laboratory has been certified by the State of Maryland and the U.S. Department of Health and Human Services to perform employment-related drug testing.

Name of Laboratory:                      Labcorp

If the urine specimen is found to be positive for drugs, I understand that I am entitled to have the same specimen tested independently at a different laboratory which has been certified by the State of Maryland and the U.S. Department of Heal and Human Services. If I elect to have the specimen tested independently, I must pay the costs of the test. A list of certified laboratories is available at Occupational Medical Services.

I understand that the laboratory will report the drug test results to the Employee Medical Examiner of Montgomery County Government, Occupational Medical Services. A photocopy of this authorization will be as valid as the original, even though the photocopy does not contain an original writing of my signature.

Applicant/ Employee Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

Address: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Montgomery County Government**

**Non - DOT Authorization for Release of Information Related to Drug / Alcohol Testing**

**Reason for Test [Check One]:**

**Pre-Employment**

**For cause**

**Return to Duty**

**Follow-up**

I, \_\_\_\_\_, authorize the release of the results of the drug / alcohol testing by the laboratory which conducted the test to the Employee Medical Examiner of Occupational Medical Services of the Montgomery County Government at 255 Rockville Pike, Suite 125, Rockville, MD 20850.

I further authorize Occupational Medical Services of release the results of the drug test as a finding of negative or confirmed positive to \_\_\_\_\_.  
[Dept. Director or her/his Designee]

**If I am a current County employee who is applying for a transfer to, or appointment in, a position in a different County department or agency, or I am a County employee who is applying or a promotion within my current department (and submission to pre-employment drug testing is a prerequisite to appointment to the higher-level position), I understand that any confirmed positive drug or alcohol test result will also be reported to the director of the County department or agency in which I am currently employed.**

**If the test results are positive for the presence of alcohol, I also authorize release for the alcohol concentration to above named Department Director or Designee.**

This authorization is limited to information derived from the tests and evaluation performed on my urine sample/specimen obtained on \_\_\_\_\_ [insert date] at:

Occupational Medical Services  
255 Rockville Pike, Suite 125  
Rockville, MD 20850

This authorizes the release of this information solely to enable Montgomery County Government to make employee-related decisions.

A photocopy of this authorization will be considered as valid as the original, even though the photocopy does not contain an original writing of my signature.

Applicant/ Employee Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_