

CHICAGO HEIGHTS
1423 Chicago Road, Chicago Heights, Illinois 60411-3483
(708)756-1000

OLYMPIA FIELDS
20201 S. Crawford Avenue, Olympia Fields, Illinois 60461-1010
(708)747-4000

CONSENT TO DRUG AND/OR ALCOHOL TESTING

I, _____ understand and consent to the collection of a sample of hair and/or blood and/or urine and/or breath and/or saliva to determine the presence of alcohol, other toxins and/or drugs.

I further acknowledge that I specifically authorize Franciscan Health Occupational Medicine and Health Centers and its employees to cooperate, permit and assist in the taking of the above sample.

By signing this form, I authorize and consent to the release of the sample of hair and/or blood and/or urine and/or breath and/or saliva and the disclosure of the results of the tests to _____
(Employer/Agency or Payor)

I have been informed that I may revoke this authorization at any time prior to obtaining of specimens by submitting a signed written statement so indicating.

In case of reasonable cause, I understand that it is recommended that I not operate a motor vehicle or operate machinery until negative results are obtained.

I have read and understand this form.

DATE

WITNESS

PATIENT SIGNATURE

PHOTO ID

OTHER ID

DAYTIME PHONE

SPECIMEN NUMBER

viewed by: (if applicable)
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