



VILLAGE OF MOUNT PROSPECT

CONSENT FORM FOR ALCOHOL AND DRUG SCREENING

NAME: _____

ADDRESS: _____
(Street) (City) (State) (Zip Code)

I freely consent to tests of my breath, blood or urine to determine the presence of alcohol, drugs or their metabolites in my system. I also consent to the release of test results and other relevant medical information to the Village management consistent with its Substance Abuse Policy. Further, I release that applicable medical center, the collection facility, testing laboratory and their officers, directors and agents from any liability to me arising out of or related to such testing or their reporting of the test results to Village management or others who have a need to have access to the information.

My signature below also confirms that, I was notified of my right to appeal any disciplinary decision that is imposed against me based on the Village's good faith belief that I was impaired by or under the influence of cannabis (or cannabis infused products) in violation of the Substance Abuse policy during working time. If I choose to exercise my right to appeal any such disciplinary decision, I may file a grievance pursuant to a collective bargaining agreement that governs my employment or pursuant to the Village's Open Door Policy in the Employee Handbook.

AGREED:

REFUSED:

Signature_____
Signature

Reasons for Refusal: _____

Witness Signature

Date