



DRUG/ALCOHOL TESTING CONSENT FORM

Xpress Location: _____ Date: _____

Patient Name: _____

Requirements:

- Valid Government issued Photo ID or other valid Photo ID (e.g. work, school, etc.)
- Social Security Number or Employee ID

This urine, hair, or breath alcohol collection will be conducted under the regulations mandated by the Department of Transportation (DOT) and/or Chapter 59A-24, F.A.C., Drug-Free Workplace Standards. Once testing has begun, you will be required to remain with the Xpress Urgent Care (hereinafter referred to as "XUC") office until a specimen of sufficient volume, quality, color, and temperature is collected. DOT regulations allow the donor up to (3) hours to provide a sufficient sample and Florida Statutes allow the donor up to (2) hours to provide a sufficient sample.

Failure to remain at the testing site until the testing process is complete will be considered a "Refusal to Test". Refusal to submit to a drug or alcohol test is generally equivalent to testing positive to a drug or alcohol test.

In the event of a shy bladder, you will be advised to drunk up to a certain amount of fluids, as listed below or until you are able to provide a sufficient urine specimen, whichever occurs first.

- Federal Drug Test (DOT): Up to 40 ounces of fluid, distributed reasonably through a period of up to three (3) hours.
- Florida Drug-Free Workplace: Up to 8 ounces of fluid every thirty (30) minutes, for up to two (2) hours.

If the collected specimen is out of temperature range, or there is suspected adulteration or tampering of any kind, you will be required to repeat the procedure under direct observation of a XUC staff member of the same gender. If you are unable to provide a specimen of sufficient volume, quality, color, or temperature, and there is no adequate medical explanation for your inability or failure to complete the test(s). It will be treated as a refusal to test, and your employer will be notified.

Any requests for recollection of the specimen may only be provided with employer authorization and at an additional cost.

Specimen Collection Visit Release

I hereby consent to provide a blood, urine, or other applicable specimen for analysis, as shall be determined by the company listed below to meet their drug and alcohol policy.

Company Name: _____

I further authorize and give full permission to XUC to send the specimen(s) collected to a laboratory to screen for the presence of any prohibited substances.

This testing is for informational purposes and is provided solely as a convenience to me and should not be considered complete, nor should it be relied on to suggest a course of treatment. It is not intended to be a medical advice and does not directly or indirectly constitute the practice of medicine, a professional diagnosis, or a treatment plan.

By signing this release, I agree that I will hold harmless XUC and any of its staff or representatives. In the event of any positive or irregular results, I understand that I will be notified by a Medical Review Officer (MRO).

I hereby authorize the release and disclosure of drug screen results to the company from XUC.

Patient Signature: _____

Minor Consent

As the parent/legal guardian of the below said patient, I authorize MD Now to collect a urine drug screen. I authorize MD Now to release medical information to the patient's company, parent or legal guardian of the minor, and/or other authorized individuals. This information is limited to any medical information obtained in this department. I have read and understand the conditions mentioned above, and by my signature, I give permission for a drug screen collection and release of medical information.

Parent/Guardian Signature: _____ Date: _____

Patient Name: _____ Relationship to Patient: _____