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|  | UM Baltimore Washington Medical Center |  | UM Rehabilitation and Orthopaedic Institute |
|  | UM Capital Region Medical Center |  | UM Shore Regional Health |
|  | UM Charles Regional Medical Center |  | UM St. Joseph Medical Center |
|  | UMMC Downtown Campus/UMMS Corporate |  | UM Upper Chesapeake Health |
|  | UMMC Midtown Campus |  |  |

**Applicant and Employee Consent to Alcohol and Drug Testing**

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Applicant/Employee Name (Print)

I understand that the University of Maryland has a Drug-Free Work Place Policy against the manufacture, use, possession, distribution or sale of illegal drugs and the abuse of legal drugs or alcohol by its employees on hospital property or while conducting business for the hospital. I further understand that the University of Maryland is committed to a drug-free workplace and has adopted a drug and alcohol testing program as one method of implementing that policy. I also understand that in the event that I become an employee of the University of Maryland, I may be subject to reasonable cause testing in accordance with policy.

I hereby voluntarily consent to provide samples of my blood and/or urine to a laboratory designated by the University of Maryland to determine the presence or use of alcohol or drugs, I understand that all screening tests for drugs and alcohol will be subject to careful testing procedures. If the test result is positive, I can request a retest of the same sample, I understand that I must pay for the second test. I further understand that if my test indicates positive for illegal drugs, abuse of legal drugs or alcohol, as an applicant I will not be considered for employment, or as an employee, I may be subject to discipline including termination. I release and discharge the University of Maryland as well as the laboratory, officers, employees, agents and representatives from any claim or liability arising from such tests, including the testing process and procedures, analysis and disclosure of results.

If you are licensed by a professional licensing board including, but not limited to, the Maryland Board of Nursing, Board of Physicians or Board of Pharmacy, and you have a positive urine drug screen result, your results may be reported to the licensing board as required by statute or regulation.

I voluntarily authorize the release of medical information concerning the results of my drug and/or alcohol test(s) to company representatives who will use it to determine if I am in compliance with hospital work rules and policies on drug and/or alcohol. I also understand that I am entitled to a copy of this authorization. I understand that refusal by me to sign this consent will be cause for termination or ineligibility for employment.

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Applicant/Employee Signature Date

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Witness Date

3/7/2019 UDS Consent