



Legal Name: _____

Social Security No. _____ - _____ - _____ Date of Birth: _____ Age: _____ M F

Mailing Address: _____

Home Phone: _____ Marital Status: Single Married Divorced Widowed

Employer: _____ Work Phone: _____

TYPE OF DRUG SCREEN (Check One): Non-DOT DOT (CDL License Required)
REASON FOR SCREEN (Check One): Pre-Employment Random Drug Screen Post-Accident
 Other: _____

MEDICAL TESTING CONSENT AND RELEASE

I, _____, understand that my employer, _____, has contracted with MultiCare HealthWorks to perform any of the following:

- Pre-employment Physical
- Employment Physical
- Drug/Alcohol Testing
- Photograph, I consent to MultiCare HealthWorks taking a photograph, if required for purposes of identifying me and they may show that photograph to any party entitled to the results of my Drug/Alcohol Testing.
- Lab Tests
- X-Ray
- Hearing Test
- Immunization
- Department of Transportation Physical
- Other: _____

I understand that I must obtain my drug screening results from my potential employer and that MultiCare HealthWorks does not release drug screening results to donors.

It is my understanding that MultiCare will provide the results and/or medical records for the medical tests/services listed above, verbally and/or in writing to _____ (your employer). Additionally, if a federally regulated DOT drug test is positive, the WA State DOT will be notified as required by law. I understand that if disclosure of this information is not acceptable to me, I must tell MultiCare before proceeding with the medical test/service.

I further understand that MultiCare does not have control over whether the information it provides to my employer (or other entity that retains MultiCare) is disclosed by my employer (or other entity).

I wish to proceed with the medical tests/services indicated above, with full knowledge and agreement that the results of said services will be disclosed and I authorize and direct MultiCare to share the results of the medical tests/services indicated above with _____ (your employer).

Date: _____

Time: _____

Signature: _____

Witness: _____

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