



## Drug-Free Workplace Consent and Release Form

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I hereby consent to submit to urinalysis and/or other tests as shall be determined thereof by Okaloosa County as a condition of employment and for the purpose of determining the drug and or alcohol content within my body.

I agree that a Health and Human Services and (State where required) certified lab may collect these specimens for these tests and may use them or forward them to a testing laboratory designated by Okaloosa County for analysis. I further agree to have these results reviewed by a Medical Review Officer.

I hereby release to Okaloosa County the results of the test(s) to which I have consented. I further authorize Okaloosa County to discuss the results with medical/personnel collecting the specimen, the testing facility, its directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein and to use the test results in any legal or administrative action to which I am party.

I further release any testing facility, technician, or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical records, and data concerning my test(s) to the appropriate Okaloosa County officials or other government agencies.

I further agree that a reproduced copy of this consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced in signing this document by anyone.

**This section applies only to applicants with a commercial driver's license.**

I agree to have a Breath Alcohol Technician administer the evidential breath test required by the U.S. Department of Transportation.

With my signature below, I authorize former employers to release to Okaloosa County any information in regards to any alcohol and/or controlled substance program and or testing to which I was a party during the preceding two years. I understand that the results of my test required by the U.S. Department of Transportation will be made available to future employers for three (3) years following my separation from employment with Okaloosa County as required and in the manner set forth by the U.S. Department of Transportation.

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Employee Signature

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Date