



REGISTRATION FOR DRUG AND/OR ALCOHOL SCREENING

(PLEASE PRINT)

NAME: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

TELEPHONE #: _____ MALE FEMALE

COMPANY: _____

I understand that these results will remain confidential and will not be released to anyone else other than my employer unless I give written consent.

Signature

Date

Witness Signature

Date

For office use only:

Airbill#: _____