

Aurora St. Luke's Medical Center
Radiology Education

CONSENT FOR DRUG SCREENING

Aurora Health Care and its affiliates have a vital interest in maintaining a safe, healthy and efficient working environment for its employees and customers. Illegal drug use poses a serious threat to the health and safety of the user and to others. Recognizing this, all applicants considered for acceptance to the programs/schools sponsored by Aurora Health Care or its affiliates are required to submit to a drug screening test. Carefully read the following statement before signing this form.

I hereby give my consent to Aurora Health Care and/or its affiliates to collect a hair sample from me and to conduct tests on such sample to determine the presence of drugs or controlled substances, and to release results to a Medical Review Officer. I understand that my refusal to consent and submit to a complete drug screening will result in denial of clinical placement from Aurora Health Care and its affiliates. Should the results of the laboratory tests of the specimen identified by this form be confirmed positive, the Medical Review Officer will contact me to discuss prescriptions and over-the-counter medications I may have taken. Positive drug test results will eliminate otherwise qualified candidates from acceptance into the program.

Agree to the above statements:

Signature

Date

Reason for Refusal:

Accepted by: _____ Date _____

For Office Use Only:

Date/Time Offer Extended: _____

Deadline (7 Days from date of offer) _____

Occupational Health Site: _____

Authorized Signature _____ Date _____

Comments/Additional Information: _____

