



# Consent for Drug Screen and Employment Qualification Testing

THE UNIVERSITY OF  
MISSISSIPPI  
MEDICAL CENTER

I understand that it is the policy of the University of Mississippi Medical Center (UMMC) to prohibit the use, possession, transportation or sale of illegal or non-prescribed drugs and alcoholic beverages on the premises of the Medical Center. Further, that under Mississippi Law, I am required to submit to fingerprinting and a criminal background investigation. I understand that it is a violation of Medical Center policy for an employee to be under the influence of drugs or alcohol while at work and it is prohibited to report for or work while impaired. I acknowledge that UMMC is a tobacco free campus and the use of all tobacco products is prohibited at work.

My signature below constitutes my consent to provide a sample of my blood, breath, hair, urine, or other related sample for alcohol and/or drug testing analysis and to submit to fingerprinting and a criminal background check. I understand that failure to cooperate timely with any pre-employment testing and/or qualification procedure will be understood as a withdrawal of my application for employment. I understand that I may be requested to submit an observed 2<sup>nd</sup> sample for drug screening within 24 hours if the original sample is too dilute to yield results. I understand that I may, upon request, review the University of Mississippi Medical Center Drug and Alcohol Testing - Fingerprinting and Tobacco policies. As an inducement to persuade UMMC to consider me for employment, I hereby authorize the University of Mississippi Medical Center to conduct the qualification testing/procedures indicated.

I agree I may be subject to a physical assessment and examination which may include blood tests, TB test, which may include a chest x-ray and/or other testing medically or otherwise indicated, and titers for required immunizations.

**AFTER PRESENTING FOR TESTING DO NOT LEAVE THE RECEPTION AREA.**

\_\_\_\_ I **HAVE** taken the following prescription medication(s) or drug(s) during the last **two months**:

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\_\_\_\_ I have **NOT** taken **any** prescription medication(s) or other drug(s) during the last **two months**.

List any medical conditions that might cause problems with the sample: \_\_\_\_\_

Do you have any medical conditions that would interfere with providing a sample? Circle YES or NO

If yes, please describe: \_\_\_\_\_

NEATLY PRINT NAME: \_\_\_\_\_ OTHER NAME(S) USED: \_\_\_\_\_

*Note: Please **PRINT** your name exactly as it appears on your government-issued identification.*

CELL PHONE: \_\_\_\_\_ PERSONAL EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

----- For Office Use Only -----

Employee/Student Health Representative \_\_\_\_\_ Date \_\_\_\_\_

Chain-of-Custody Verified \_\_\_\_\_ Date \_\_\_\_\_

## **INFORMATION AND ACKNOWLEDGEMENT TO ALL APPLICANTS FOR EMPLOYMENT AT UMMC**

By signing below, you acknowledge and agree that you **WILL COMPLY FULLY** with instructions for obtaining a (urine) drug screen sample as explained to you by the nurse. Further, you understand and agree that:

Applicants must provide the following items for drug testing:

1. A valid (**NON-EXPIRED**) photo driver's license, passport, or a state-issued photo identification card.
2. A recent list of prescription medications from your pharmacist or physician.

**ANY APPLICANT WHO ATTEMPTS TO TAMPER WITH OR FALSIFY A DRUG SCREEN TEST WILL BE DENIED EMPLOYMENT AT UMMC FOR A MINIMUM OF AT LEAST ONE YEAR.**

- ❖ All urine samples will be tested for temperature. If a sample fails to register an acceptable temperature, you will be asked to stay and submit a new sample. If the second sample fails to register an appropriate temperature, you may be denied employment. If you do not stay to submit a second sample (that is acceptable), you may be denied employment.
- ❖ Once the collection process begins, the applicant may not leave the designated clinic waiting area until a suitable sample is given. If you leave the designated area, without specific permission from the nurse, you may be denied employment.
- ❖ Any drug screen sample that does not meet specimen validity requirements will be disqualified and the applicant may be denied employment.
- ❖ Any applicant who tests positive for a prescription drug will be required to provide a prescription written for the applicant within the past year. In some instances an official pharmacy record may be acceptable at the discretion of the Medical Review Officer.
- ❖ Upon confirmation by the Medical Review Officer, any applicant who tests **POSITIVE** for any **ILLEGAL** substance will be denied employment at UMMC.
- ❖ UMMC drug testing samples and results are the exclusive property of UMMC Miss. Code Ann. Sec. 71-7-15(2) "Any information obtained by an employer pursuant to this chapter (drug and alcohol testing) shall be property of the employer."

Thank you,  
Dr. David J. Vearrier  
Professor of Emergency Medicine  
Medical Review Officer (MRO)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_