## REASONABLE SUSPICION / POST-ACCIDENT
## ALCOHOL/DRUG TEST CONSENT FORM

***EMPLOYER:*** *Below, check the box(s) describing your request for the employee submit to an alcohol and drug test:*

**Check all that apply:**

☐ Physical Signs and Symptoms
☐ Post-Accident

***EMPLOYEE:***

I, _____ , pursuant to a request by my appointing authority as a condition of employment with the State of Nevada and/or the Nevada System of Higher Education (NSHE), hereby give my consent to and authorize the State and/or NSHE and the testing laboratory designated by the State and/or NSHE to perform analytical tests deemed necessary to determine the absence or the presence of alcohol and/or drugs in my urine and/or blood and/or breath as specified by statute and regulation.

I give my consent to release the results of the test(s) and other medical information from the laboratory to individuals with the State and/or NSHE who, pursuant to statue or regulation, have a need to know the alcohol and drug testing results. I understand the results of the test may not be used in any criminal proceeding.

***I understand that:***

The appointing authority may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I must provide such proof within 72 hours.

I have the right to request a re-test of the initial specimen at a licensed laboratory of my choice when I have a positive test for drugs. All requests for a re-test of the sample must be made within ten (10) working days of the receipt of the original positive test result. The results of the samples must be forwarded to me by the appointing authority of the agency.

I further understand that a positive test for alcohol and/or drugs, or my refusal to authorize the tests by signing this form, take the specified tests, or failure to produce a specimen, may result in disciplinary action up to and including dismissal in accordance with statute, regulation, and policy.

| | |
|---|---|
| **Employee Signature** | **Date** |
| **Supervisor Signature if employee refuses to sign or test** | **Date** |
| **Witness Signature if employee refuses to sign or test** | **Date** |

**Copies to:**
**Employee**
**BCN Human Resources**