

Bulloch County
Pre-Employment Drug Testing
Consent and Release Form

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Bulloch County in the selection process of applicants for employment for the purposes of determining the drug content thereof.

I hereby acknowledge that I have been notified of the requirements of the Bulloch County Drug Free Workplace Policy.

I hereby acknowledge that South Georgia Immediate Care Center may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by South Georgia Immediate Care Center for analysis.

I further agree to and hereby authorize the release of the results of said tests to Bulloch County Human Resources.

I understand that the current use of illegal drugs prohibits me from being considered for employment with Bulloch County.

I further agree to hold harmless Bulloch County and its agents (including the above named physician or clinic) from any liability arising in whole or in part, out of collection of specimens, testing, and use of the information from said testing in connection with Bulloch County consideration of my application for employment.

I further agree that a reproduced copy of this pre-employment 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 into signing this document by anyone.

Applicant (Print Name): _____ **SSN:** _____ - _____ - _____

Signature of Applicant: _____ **Date:** _____

Witness (Print Name): _____

Signature of Witness: _____ Date: _____

Signature of Guardian
(if applicant/employee
is under 18): _____ Date: _____




1096 Bermuda Run Road
Statesboro, GA 30458
(912) 871-5150

YOUR IMMEDIATE CARE CENTERS™ from GEORGIA EMERGENCY ASSOCIATES

EMPLOYER'S AUTHORIZATION FOR EXAMINATION and/or TREATMENT

Employer must complete this form prior to the employee visit. **Employee** must present photo ID at time of service.

Employer Company Name Bulloch County Board of Commissioners	
Patient Name	Patient SSN/ID#
Employer Physical Address 115 N. Main Street, Statesboro, GA 30458	
Employer Billing Address 115 N. Main Street, Statesboro, GA 30458	
Contact Name Thomas Capper	Contact Title Risk Management Technician
Contact Work Phone (912)259-9707	Contact Mobile Phone
Contact E-Mail tcapper@bullochcounty.net	Contact Fax (912)764-4609
Best Form of Contact <input checked="" type="checkbox"/> Work Phone <input type="checkbox"/> Mobile Phone <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Other:	
Authorization Signature 	Visit Date

BILLING INFORMATION

- Bill EMPLOYER (see Employer Billing Address above)
 EMPLOYEE to pay at time of Service
 Bill WORKERS' COMPENSATION Insurance Company / TPA*:
 Ins. Co. _____
 Policy # _____
 Phone _____
 Contact _____
 Claim # _____

DRUG and ALCOHOL TESTING SERVICES

REASON FOR TESTING:

- Post-Accident Random
 Pre-employment Reasonable Suspicion
 DOT New Certification DOT Recertification

TEST REQUIRED:

- DOT Drug Screen
 Instant 5-Panel Urine Screen
 Instant 10-Panel Urine Screen
 Hair Follicle Testing
 Non-DOT Specimen Collection only
 Breath Alcohol Test

WORK-RELATED INJURY CARE

- Date of Injury: _____
 Evaluate and Treat Light Duty is Available
 Be sure to indicate Drug Screen and/or Breath Alcohol Test required under *DRUG and ALCOHOL TESTING SERVICES*
 Are Drug Screens and/or Breath Alcohol Tests covered by Workers' Comp Ins Co/TPA?
 Y N N/A

OCCUPATIONAL MEDICAL SERVICES

- DOT Physical – New Certification
 DOT Physical – Recertification
 Non-DOT Physical (Standard)
 Non-DOT Physical (Employer Provided)
 Fit For Duty Evaluation (Physical + PPE)
 Job Title/Desc _____
 Audiogram
 Pulmonary Function Test (PFT)
 Chest X-Ray
 Lumbar Spine X-Ray
 EKG
 TB Test
 Nicotine Test
 Flu Shot
 Hepatitis Vaccine (circle) A B Both
 Other _____

REPORTING RESULTS

- Fax paperwork to employer
 E-mail paperwork to employer
 Call employer
 Give all paperwork to employee
 Dive DOT card/Instant Screen Results Card only

SPECIAL INSTRUCTIONS

Please forward all results/documents
to tcapper@bullochcounty.net