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:





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.

Patient SSN/ID#	Employer Company Name Bulloch County Board of Commissioners		
Employer Billing Address 115 N. Main Street, Statesboro, GA 30458 Contact Name Thomas Capper Contact Title Risk Management Technician Contact Name Thomas Capper Contact Title Risk Management Technician Contact Work Phone (912)259-9707 Contact Few Risk Management Technician Contact E-Mail tcapper@bullochcounty.net Dest Form of Contact Work Phone Mobile Phone E-mail Fax Other: Authorization Signature Work Phone Mobile Phone E-mail Fax Other: Authorization Signature Wisit Date			
Employer Billing Address 115 N. Main Street, Statesboro, GA 30458 Contact Name Thomas Capper Contact Title Risk Management Technician Contact Name Thomas Capper Contact Title Risk Management Technician Contact Work Phone (912)259-9707 Contact Few Risk Management Technician Contact E-Mail tcapper@bullochcounty.net Dest Form of Contact Work Phone Mobile Phone E-mail Fax Other: Authorization Signature Work Phone Mobile Phone E-mail Fax Other: Authorization Signature Wisit Date	Employer Physical Address 115 N. Main Street, Statesboro, GA 30458		
Contact Name Thomas Capper Contact Work Phone (912)259-9707 Contact Evaluation (912)259-9707 Contact Evaluation (912)259-9707 Contact Evaluation (912)259-9707 Contact Fax (912)764-4609 Best Form of Contact			
Contact E-Mail tcapper@bullochcounty.net Contact E-Mail tcapper@bullochcounty.net Contact E-Mail tcapper@bullochcounty.net Contact Fax (912)764-4609 Best Form of Contact			
Contact Favail tcapper@bullochcounty.net Best Form of Contact @ Work Phone		Contact Mobile Phone	
Authorization Signature Si		Contact Fax (912)764-4609	
Date	Best Form of Contact ☑ Work Phone ☐ Mobile Phone ☑ E-mail ☐ Fax ☐ Other:		
Bill EMPLOYER (see Employer Billing Address above) EMPLOYER (see Employer Billing Address above) EMPLOYER (see Employer Billing Address above) Post-Accident Random Pre-employment Reasonable Suspicion DOT New Certification DOT Recertification DOT New Certification DOT Drug Screen Hair Follicle Testing Non-DOT Specimen Collection only Breath Alcohol Test DOT Prug Screen Hair Follicle Testing Non-DOT Specimen Collection only Breath Alcohol Test DOT Physical - New Certification DOT Physical (Employer Provided) Pot Pot Physical (Employer Provided) Pot Pot Physical (Employer Provided) Pot			
EMPLOYEE to pay at time of Service	BILLING INFORMATION	DRUG and ALCOHOL TESTING SERVICES	
Bill WORKERS COMPENSATION Insurance Company / TPA*: Ins. Co.	☑ Bill EMPLOYER (see Employer Billing Address above)	REASON FOR TESTING:	
Ins. Co	☐ EMPLOYEE to pay at time of Service	☐ Post-Accident ☐ Random	
Ins. Co. Policy #	☐ Bill WORKERS' COMPENSATION Insurance Company / TPA*:	☑ Pre-employment ☐ Reasonable Suspicion	
Policy # DOT Drug Screen DoT Drug Screen Instant 5-Panel Urine Screen Instant 10-Panel Instant 10-Pane	Ins. Co.		
Phone			
Mork-related Injury:			
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 REPORTING RESULTS □ Fax paperwork to employer □ E-mail paperwork to 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 □ Non-DOT Specimen Collection only □ Breath Alcohol Test OCCUPATIONAL MEDICAL SERVICES □ DOT Physical – New Certification □ DOT Physical – Recertification □ DOT Physical – Recertification □ Non-DOT Physical (Employer Provided) □ Non-DOT Physical (Employer Provided) □ Rit For Duty Evalutaion (Physical + PPE) Job Title/Desc □ Audiogram □ Pulmonary Function Test (PFT) □ Chest X-Ray □ Lumbar Spine X-Ray □ EKG □ TB Test □ Nicotine Test □ Nicotine Test □ Flu Shot □ Hepatitis Vaccine (circle) A B Both			
WORK-RELATED INJURY CARE Date of Injury: CCCUPATIONAL MEDICAL SERVICES	Claim #		
Date of Injury: CCCUPATIONAL MEDICAL SERVICES DOT Physical – New Certification DOT Physical – New Certification DOT Physical – Recertification DOT Physical – Recertification Non-DOT Physical – Recertification Non-DOT Physical – Recertification Non-DOT Physical (Standard) Non-DOT Physical (Employer Provided) Fit For Duty Evalutation (Physical + PPE) Job Title/Desc Job Title/Desc Audiogram Pulmonary Function Test (PFT) Chest X-Ray EKG Dive DOT card/Instant Screen Results Card only SPECIAL INSTRUCTIONS Please forward all results/documents to tcapper@bullochcounty.net Hepatitis Vaccine (circle) A B Both		☐ Breath Alcohol Test	
□ 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 REPORTING RESULTS □ Fax 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 □ DOT Physical – Recertification □ DOT Physical (Standard) □ Non-DOT Physical (Employer Provided) □ Fit For Duty Evalutalon (Physical + PPE) □ Job Title/Desc □ Audiogram □ Pulmonary Function Test (PFT) □ Chest X-Ray □ Lumbar Spine X-Ray □ EKG □ Dive DOT card/Instant Screen Results Card only SPECIAL INSTRUCTIONS Please forward all results/documents to tcapper@bullochcounty.net □ DOT Physical – New Certification □ DOT Physical – Recertification □ Non-DOT Physical – Recertification	WORK-RELATED INJURY CARE		
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to tcapper@bullochcounty.net		☐ Nicotine Test	
to tcapper@bullochcounty.net		☐ Flu Shot	
	to tcapper@bullochcounty.net		
	7	□ Other	