

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: _____



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	
Employer PRIMARY Contact Name Thomas Capper	Employer PRIMARY Contact Title Risk Management Technician
Employer PRIMARY Work Phone (912)259-9707	Employer PRIMARY Mobile Phone
Employer PRIMARY Contact E-Mail HR@bullochcounty.net	Employer PRIMARY Contact Fax (912)764-4609
Employer PRIMARY Contact Best contact: <input type="checkbox"/> Work Phone <input type="checkbox"/> Mobile Phone <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Other:	
Employer DER Name: Thomas Capper	Employer DER Best Contact: tcapper@bullochcounty.net
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 # _____

Address _____

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 Hair Follicle Testing

5-Panel Urine Screen Specimen Collection only

Instant Breath Alcohol Test

10-Panel Urine Screen

Instant

Lab-based

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

Give DOT card/Instant Screen Results Card only

SPECIAL INSTRUCTIONS

Please forward all results/documents to: HR@bullochcounty.net

AND tcapper@bullochcounty.net