

## Non-CCHMC Drug Screen Attestation Form

**\*\*Please Note: This form can only be used if your current employer or school previously completed a drug screen and are able to attest to the results of that screening.\*\***

I attest that our records indicate that the following employee/student has been tested for each of the following drugs:

Name of Drug Tested:			Result:	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO Phencyclidine	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO Benzodiazepines	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO Cocaine	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO Amphetamine/Meth	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO Marijuana	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO Opiates/Oxycontin/Hydrocodone	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO Methadone	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO Barbiturates	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO Propoxyphene	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO Ecstasy (MDMS)	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO Confirmation that positive drug tests completed are then verified using Chain of Custody confirmation drug screen by a DHHS certified lab with a certified Medical Review Officer.	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO Confirmation that the specimen submitted has been verified for adulterants.	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO Confirmation that the specimen submitted has not been diluted.	
<b>Official Drug Test Result:</b> _____				

I attest that the following Employee or Student previously completed a urine drug screen at the beginning of employment or school with the results indicated above.

Employee/Student Name (print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Drug Test was administered: \_\_\_\_\_

Provider/Employer/School Admin Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(print name)

Organization: \_\_\_\_\_ Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Provider/Employer/School Administrator Signature