



Employee Consent to Drug and Alcohol Policies and Testing

I understand that as a condition of my employment or continued employment I must comply with Delgado's Employee Drug and Alcohol Testing Policy and the Drug-Free College Policy (collectively referred to herein as "Policies"), and with the substance abuse testing policies of the health care provider(s) ("Provider(s)") where I may be assigned as part of Delgado's School of Nursing or Allied Health program(s).

I have read, understand and agree to comply with the Policies. I also agree and understand that I am prohibited from reporting to work under the influence of alcohol or illegal drugs or possessing, distributing or using illegal drugs or using or engaging in the unauthorized use of controlled substances, and that I am subject to drug and/or alcohol testing in connection with my employment or continued employment.

I consent to undergo drug and alcohol testing as may be required by Delgado and/or the Provider(s). I consent to the release of my drug and alcohol test results to Delgado and/or to the Provider(s).

I understand that if I become an employee and a sample provided by me during employment is confirmed positive, I may, within 72 hours of being made aware of that result, request from the medical review officer and obtain, at my own expense, a test on the second portion of the split sample, where available. I also understand that Delgado is free to take any action it deems appropriate pending the results of the test on the second portion of the sample. I understand that if I have a confirmed positive test, upon written request I may access records relating to my drug tests and any records on the results of any relevant certification, review, or suspension/revocation-of-certification proceedings.

I understand that any refusal to submit to any required testing, a positive test result, or tampering with the administration or the results or samples of any such testing will be considered a violation of policy, and will make me ineligible for hire or subject me to disciplinary action, up to and including discharge, as applicable.

I agree that a reproduced copy of this signed Consent form may take the place of the original.

I have carefully read this Consent form and fully understand and agree to its terms. I have been afforded the opportunity to ask questions, and I understand that if any questions arise I should ask a Human Resource representative or the administrator of the program.

Employee's/Applicant's Name (print): _____

Employee's/Applicant's Signature _____ Date _____

Witnessed by _____ (Print name of Delgado Representative)

Signature _____ Title _____ Date _____

This form will become part of the employee's personnel file.