

**County Employee Informed Consent and Notice of
Drug & Alcohol Testing Program for Commercial Drivers**

CDL Driver Drug and Alcohol Testing Policy and Program

I acknowledge that I have received and understand [County Name's] DOT Drug and Alcohol Testing for Commercial Drivers Policy.

I agree to comply with the County's DOT Drug and Alcohol Testing for Commercial Drivers Policy and understand that failure to comply is grounds for disciplinary action, up to and including termination of employment.

I hereby consent to undergo controlled substance and alcohol testing pursuant to this policy, and I authorize collection of urine and/or breath samples from me for these purposes. I understand that the procedures employed in this process will ensure the integrity of the sample and are designed to comply with medical and legal requirements.

I consent to the release of the controlled substance and/or alcohol test results in accordance with the County's DOT Drug and Alcohol Testing Policy to the selected Medical Review Officer (MRO) [OR third party administrator designated by the County], and within the County to designated County employees who need to access this information as required to perform the duties of their job, and to additional parties in accordance with written authorization, and/or as otherwise required by applicable state or federal law. In the event of a post-accident test, the drug and/or alcohol test result(s) may also be provided to the workers' compensation insurance carrier.

I further understand that the results of this testing may affect my employment status, as described in the policy as well as in accordance with state and federal law updates, as applicable.

Federal Motor Carrier Safety Administration (FMCSA) Clearinghouse:

I understand that the County will, at least once a year, conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether a record exists for me. I hereby consent to the County conducting an unlimited number of limited queries of the Clearinghouse throughout the duration of my employment, as applicable.

I understand that if the limited query conducted by the County indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the County without first obtaining additional specific consent from me. In the event a limited query conducted by the County indicates that drug or alcohol violation information about me exists in the Clearinghouse, I will be requested to provide the Clearinghouse with electronic specific consent for the County to conduct a full query in the Clearinghouse.

I further understand that if I refuse to provide consent for the County to conduct a query of the Clearinghouse, the County must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.



The County is required to enter and verify driver information in the Clearinghouse system to complete the annual query process, and if needed, to request driver electronic specific consent to conduct a full query. Please provide the following information associated with your current commercial driver's license (CDL) or commercial learner's permit (CLP) to be used by the County to comply with FMCSA Clearinghouse requirements related to your employment in a safety-sensitive position:

First Name: _____

Last Name: _____

Date of Birth (month/day/year): _____

CDL/CLP Number: _____

Country of Issuance: _____

State of Issuance: _____

Data Collection Notice:

The information collected pursuant to this policy is used to determine eligibility for continued employment and the performance of certain safety-sensitive functions. Employees are not required to provide information and submit to the tests, but failure to do so will result in the employee being removed from safety-sensitive functions and may result in disciplinary action up to and including termination of employment. The results of the tests performed will be private data and will not be released to other employers, governmental agencies, or persons without the written consent of the employee tested, except as otherwise provided by regulation and law, or pursuant to a court order. In addition, designated County employees will have access to test results and related information as required to perform the duties of their job.

Acknowledgement and Informed Consent:

Signature of Employee

Printed Name of Employee

Date

Signature of Witness

Refusal of Consent:

I hereby refuse to submit to the drug and alcohol testing process. I have received a copy of the County's DOT Drug and Alcohol Testing for Commercial Drivers Policy. I understand that as an employee, my refusal to submit to testing will subject me to disciplinary proceedings including, but not limited to, discharge from employment.

Signature of Employee

Printed Name of Employee

Date

Signature of Witness

If the employee refuses to sign the Informed Consent and Notice of Drug and Alcohol Testing and the Drug & Alcohol Screening Refusal of Consent, indicate "Refused to sign" on Employee line, and the witness is to sign and date remaining sections.