Cleveland Clinic

Cleveland Clinic AtWork

CONSENT FOR EXAMINATION AND /OR TESTING

_____ has retained Cleveland Clinic AtWork, Occupational
[NAME OF COMPANY]
Health Services to perform certain examination(s) and/or test(s) (including, but not limited to, drug and/or alcohol screening tests) required by the Company.

Name (Print)_____Social Security # _____

Address _____City _____ State _____ Zip _____

Home/Cell Phone: _____ Date of Birth: _____

By signing below, I voluntarily consent to Cleveland Clinic AtWork performing the following examination(s) and/or test(s) required by the Company:

☒Physical Exam □ DOT Exam □ Drug Screen □ Travel □ Immunizations/titres
□ Work Related Injury/Follow-up □ CXR □ TB testing □ BAT □ Other

_____

I understand that the results of any testing/screening, including drug screen results, will be reported to my employer. I further understand that upon request of my employer, Cleveland Clinic AtWork and its Medical Review Officer may provide to my employer the quantitative results of any positive drug or alcohol test.

By signing below, I also acknowledge that a representative of Cleveland Clinic AtWork has explained to me the examinations(s) and/or test(s) that will be performed by Cleveland Clinic AtWork.

For Individuals Receiving Drug and/or Alcohol Tests: I understand that the purpose of the test(s) to be performed is to determine the alcohol and/or drug content within my body. I understand that the test(s) will indicate whether I have recently consumed alcohol, and/or whether I have taken certain drugs or chemical substances, which may include certain illegal or controlled drugs or substances.

I HAVE READ THIS CONSENT AND UNDERSTAND EACH AND EVERY PART OF IT. I HAVE ASKED ANY QUESTIONS I HAVE CONCERNING THE EXAMINATION AND/OR TESTING TO BE PERFORMED BY CLEVELAND CLINIC ATWORK, THIS FORM OR MY CONSENT, AND BY MY SIGNATURE BELOW, I AFFIRM THAT THOSE QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND TO MY FULL SATISFACTION.

_____	_____	_____
Date	Patient's Signature/Parent/Legal Guardian	Witness

Individual Identifier: **□ Driver's License** **□ Other**