

Medical Authorization & Release Form for Safety Policy on Drugs & Alcohol

If I am involved in a job-related accident requiring medical treatment or involving damage to company property, including, but not limited to automobiles, trucks, and other equipment, I authorize the treating physician, medical facility or laboratory facility to obtain a urine or blood sample which will be analyzed to detect the presence of unauthorized drugs, alcohol and/or substance. I authorize the results of these tests to be released to Gay Construction Company or any of its agents.

I release and hold the treating physician, laboratory and medical facility harmless for the release of this information. I also release and hold harmless Gay Construction Company, its officers and employees for the use of this information for employment purposes.

A machine copy of this authorization and release shall have the same force and affect as the original.

SIGNATURE: _____
(Employee)

PRINTED NAME: _____
(Employee)

DATE: _____

SOCIAL SECURITY NUMBER: _____

SIGNATURE: _____
(Witness)

DATE: _____