

Applicant Name: \_\_\_\_\_



Occupational Health Department  
5755 Cedar Lane  
Columbia, MD 21044  
Phone: 410-740-7838  
Fax: 410-740-7685

**CONSENT FORM  
PRE-EMPLOYMENT DRUG TEST**

You are required to submit to pre-employment drug testing as part of the hiring process for Howard County General Hospital. By signing this consent form you are agreeing to have a urine specimen screened for drugs of abuse. You are also authorizing the results to be reported to a Medical Review Officer selected by the laboratory that processes the test. If you are taking a prescription drug or other medication, you may be required to provide the prescription container and/or other verification. A specimen that tests positive may be retested at your own expense by making arrangements through the Occupational Health Department.

By signing this form, you are providing your consent for a Medical Review Officer to examine you and/or to contact your physician, pharmacist or other appropriate medical care provider for verification of a prescription and the medical condition requiring the prescription medication. Confirmation of a controlled substance that is not properly verified will terminate consideration for employment by Howard County General Hospital.

I release and hold harmless Howard County General Hospital from all liability that may relate to this test.

By reading and signing this form, you also provide your consent for the Occupational Health Manager designee to report and discuss your test results with any board, licensing agency, or school program, with which you are affiliated or as required by law.

I have read and understand the pre-employment drug test consent form. Except for those items required by law, this consent to permit release of my records or information contained in them shall remain in effect for one (1) year.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SOCIAL SECURITY #

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

Copy Given to Applicant