

**CONSENT FORM  
EMPLOYMENT SUBSTANCE ABUSE TEST**

This consent form is intended to apply to all applicants who wish to be employed by (or who wish to transfer to) any of the following Johns Hopkins Health System organizations:

The Johns Hopkins Medical Services Corporation (JHMSC)  
Johns Hopkins Bayview Medical Center (JHBMC)  
Broadway Medical Management Corporation, including Intrastaff (BMMC)  
Howard County General Hospital (HCGH)  
Howard County Health Services (HIS)  
The Johns Hopkins Health System Corporation (JHHSC)  
The Johns Hopkins Hospital

You are required to submit to employment drug testing as part of the hiring and/or transfer process of any organization within The Johns Hopkins Health System following: (1) an offer of employment, or (2) for probable cause during the course of your employment. Such testing will be performed consistent with applicable law, including but not limited to the Americans with Disabilities Act.

You may expect the following to happen:

1. You will be required to take a breath or saliva analysis, or blood test, and/or provide a urine specimen for substance abuse screening;
2. The results of your substance abuse test will be reported to the employer's Occupational Health office (or its equivalent). If you take a prescription drug or other medication, you may be required to provide the prescription container and/or other certification. A specimen that tests positive may be retested at your own expense by making arrangements through Occupational Health Services;
3. An occupational health representative will examine you and may contact your physician, pharmacist, or other appropriate medical care provider to verify a prescription and the medical condition that requires the prescription medication. (Confirmation of a controlled substance, or a positive breath analysis examination, that is not properly verified could terminate your current employment, and/or pending or future employment opportunities within any of the organizations listed above to which you wish to transfer);
4. If you wish to transfer to an organization listed above, The Office of Occupational Health and Safety could report and discuss your test results with your current employer, if your employer is listed above.
5. The occupational health office could also report your test results to:
  - a. any board, licensing agency, or school program with which you are affiliated, if required by law;  
**or**
  - b. to any governmental agency or court which may subpoena your records.

**I have read and understand the employment substance abuse consent form and consent to the above stated testing and reporting process. Except for those items required by law to be disclosed, I understand that consent to release my records or information contained therein shall remain in effect for one (1) year from the date of the most recent test, and releases the Hopkins organizations identified above from any and all liability arising out of the release of any such information or records.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Social Security #**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**