



## Drug and Alcohol Testing for Commercial Vehicle Drivers Consent Form for Current Employees

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As a condition of my continued employment with BYU-Idaho, I consent to take drug and/or alcohol tests as required by the terms of the university's Department of Transportation (DOT) Drug Testing Program.

I understand that in the event my specimen tests positive for drugs, I will be given an opportunity to discuss that result with a representative of the applicable DHHS-certified laboratory for the purpose of providing a reasonable explanation regarding my positive test result.

I understand that if my test remains positive for illegal drugs I will be terminated from further employment with the university.

I further agree that in the event that I am involved in an on-the-job accident (as defined by the terms of the university's DOT Drug Testing Program), I authorize the release of relevant hospital reports or other documentation that would indicate whether there were any illegal drugs or alcohol in my system at the time of the accident.

I consent to the release of my drug and alcohol test results received by the applicable DHHS-certified laboratory, to management officials at BYU-Idaho, and understand that those results will be held in confidence by all parties involved.

I have received, read, and understand the terms of BYU-Idaho's Drug Free School Policy and Drug and Alcohol Testing Program and I agree to abide by those terms.

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Employee's Name (Print)

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Employee's Signature

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Date