Drug and Alcohol Test Consent

Notice and consent for employees and candidates.

COMPANY

HR CONTACT EMAIL

Employee or candidate

FULL NAME

EMAIL

EMPLOYEE ID (IF ANY)

PHONE

LOCATION

REASON FOR TEST

TEST TYPE

TESTING LAB / CENTRE

TEST DATE

What this covers

The company tests employees in safety-sensitive roles to protect them and others. The test is done by a qualified collector using a sealed sample with chain-of-custody records.

- Tell the collector about any prescribed medicines; a doctor will review a positive result before it is reported.
- You may ask for a re-test of the split sample at your cost.
- Results are shared only with HR and the occupational health team on a need-to-know basis.
- Refusing a test may be treated as a positive result under the company policy.

PRESCRIBED MEDICINES IN THE LAST 30 DAYS

Consent

☐ I consent to giving the sample and to the result being reported to the company.

Data is processed under the Digital Personal Data Protection Act, 2023. You may ask HR for a copy of what is held about you, ask for corrections, and raise a grievance with HR or, if unresolved, the Data Protection Board of India.

Employee or candidate

SIGNATURE

PRINTED NAME

DATE

Company

SIGNATURE

PRINTED NAME

DATE