



**DRUG TESTING CONSENT**  
**City of Bethlehem Police Department**

**Employee Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

I, \_\_\_\_\_, hereby consent to provide a urine specimen and/or blood, hair or saliva specimens for the purpose of testing for the presence of prohibited drugs. I understand that the test results will be sent to the Medical Review Officer and/or employer’s designated representative who is responsible for the company’s drug testing program, unless prohibited by law. I understand that failure to pass the drug test may result in disciplinary action up to and including termination, and that I may be required to participate in a mandatory rehabilitation treatment program (if offered by employer) as a condition of continued employment should my drug test results indicate drug abuse.

I consent freely and voluntarily to the company’s request for a specimen. I hereby release and hold harmless the company and its employees and agents from any liability whatsoever arising from this request to furnish my specimens and the testing of my specimens.

I understand that all information derived from this test will be kept confidential and released only to my employer’s designated representative. I also understand a documented chain of specimen custody exists to ensure the identity and integrity of my specimens throughout this collection and testing process.

**Donor’s Signature:** **X** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_