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Belpre, OH 45714
(740) 401-0090
(740) 401-0258 (fax)

401 Matthew Street
Marietta, OH 45750
(740) 374-9954
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SUBSTANCE ABUSE CONSENT

Company Name: _____

I consent to having Marietta Occupational Health Partners collect a sample from me to determine substance abuse (drugs) and I also authorize the Medical Review Officer (MRO) to consult with my Physician/Pharmacy regarding prescription medications.

Further, I consent to the release of such analysis to my Employer, and if required, to the owner or operator of the facility at which I am to be considered for employment or continued employment.

I have taken or am taking the following drugs, prescription medications, or non-prescription drugs within the past thirty (30) days:

Name of Drug/Medication Prescribing Physician & # Pharmacy Name & #

No, I have not taken any medications in the past thirty (30) days.

I acknowledge that the urine sample I will provide is my own.

Name (Printed)

Signature

Date

Address

City

State

Zip Code

Social Security Number

Home/Cell Phone Number

Date of Birth