**ALCOHOL AND DRUG TESTING**

**CONSENT FORM**

I \_\_\_\_\_\_\_\_\_\_\_\_\_ hereby consent to the following tests for the detection of alcohol and drugs:

* Breath test for alcohol
* Oral fluid test for Amphetamine, Methamphetamine, Benzodiazepines, Cannabis, Cocaine, Opiates

West Lothian Council has informed me about its drug and alcohol policy and I understand that refusal to consent to the test will be considered as failure to comply with council policy and will result in disciplinary action.

I also understand that if the Test(s) is positive for any of the above substances, I will have an opportunity to explain the positive result to the Medical Review Officer*.* If I am unable to offer a satisfactory explanation for the positive result, I understand that the matter will be dealt with in accordance with the council’s Disciplinary Procedure.

I consent to the release of test results from Synlabto West Lothian Council. I understand that the results will be kept confidential, and will not be disclosed to any person other than myself, and officers of West Lothian Council where necessary for employment purposes.

You have the right to withhold consent to undergo the initial alcohol and/or oral fluid drug testing. You also have the right to withdraw consent at any time following the initial test, details of which will be provided by the Sample Collection Officer.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_