



CONSENT TO TEST AND FOR THE RELEASE OF INFORMATION

I give my consent to have a urine or blood sample tested for substances listed in the substance abuse policy of Clark County Fire & Rescue. I understand that a lab agreed upon by Clark County Fire & Rescue and the Local will collect and test the sample I give.

The testing lab will release the information to the District Medical Review Physician agreed upon by Clark County Fire & Rescue. After review by the Medical Review Physician, the Fire Chief, or next highest designee in his absence, will be advised of the test results.

I understand that I have the right to my complete test results and that the laboratory will preserve the sample for at least twelve months. I have the right to have a split sample, and have the second sample tested within seven days at a second lab of my choice in the event the results are confirmed positive. The cost of the second test will be my responsibility, including shipping.

I understand that Clark County Fire & Rescue is requiring me to submit to this test as a condition of my employment. Alteration of the sample or failure to reasonably cooperate with the collection of a sample will result in a disciplinary action including the possibility of termination by Clark County Fire & Rescue.

I understand I have the right to request Union representation.

Print Name

Signature

Date

Witness

Date

Witness

Date