

# Authorization to Obtain and Analyze Urine Specimen or Blood Sample for Drug or Alcohol Screening



I understand that Avenue HomeCare, Inc. has established a policy whereby employees of Avenue HomeCare will be subject to pre-employment, post-accident, random and for cause alcohol and drug testing.

1. I hereby consent to such alcohol and drug testing by providing a urine specimen for testing and /or submitting to a breath analysis.
2. I understand that the specimen I am providing will be tested to determine the presence of alcohol and/or drugs, using a chain of custody procedure to ensure integrity of the specimen and its identification.
3. I understand that during my employment with Avenue HomeCare, Inc., I may be subject to additional periodic unannounced testing for the presence of drugs or alcohol in my system.
4. I understand that during my employment with Avenue HomeCare, Inc., I will be required to be tested for the presence of drugs or alcohol in my system immediately following any at-work accident.
5. I understand that a confirmed positive alcohol or drug test will result in my being removed from service immediately and referred to the Administrator for case management.

\_\_\_\_\_  
**Applicant/ Employee Name**

\_\_\_\_\_  
**Applicant/Employee Signature**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witnessed by (print)**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**

**Received Chain of Custody Form:** \_\_\_\_\_  
**Signature**