Occupational Health Center
2050 Michigan Avenue
Mobile AL 36615

Name: _____
Last First M.I.

Address: _____

City: _____ State: _____ Zip: _____

Sex: _____ Date of Birth: _____ SSN: _____

Home Phone: _____ Work Phone: _____

Employer: _____

Consent for Examination and/or Drug Screen

The undersigned hereby consents that the physicians and employees of Occupational Health Center may perform a physical, medical evaluation, and/or drug screen, or other testing as required by the employer. I consent to a physical examination and agree to allow Occupational Health Center to report to my employer and findings in the medical records. I also authorize Occupational Health Center to take a urine or breath sample to screen for the presence of drugs, alcohol, and chemical substances requested by the employer. I authorize Occupational Health Center to release the results of the test, regardless of whether the results are negative or positive, to my employer or prospective employer. I understand that I have the right to withdraw my consent at anytime. This consent does not apply to collections performed under Department of Transportation regulations.

_____ _____
Patient Signature Date