

PIKES PEAK CARDIOLOGY
1400 E. Boulder Street, Suite 700
Colorado Springs, CO 80909

Mailing Address: PO Box 9809
Colorado Springs, CO 80932

**Drug and alcohol testing will be administered s follows:
Random, suspicion, and after any job-related accident or injury that requires a medical visit**

I HEREBY AUTHORIZE AND GIVE FULL PERMISSION TO HAVE CENTURA CENTERS FOR OCCUPATIONAL MEDICINE (CCOM) CONTRACTED MEDICAL PROVIDER, THEIR STAFF AND/OR THEIR ASSOCIATES SEND A SPECIMEN OF MY URINE/BREATH TO A LABORATORY FOR SCREENING TESTS FOR THE PRESENCE OF ALCOHOL, NARCOTICS, ILLEGAL DRUGS OR CONTROLLED SUBSTANCES. I AUTHORIZE THESE RESULTS, WHETHER FAVORABLE OR UNFAVORABLE, TO BE GIVEN TO PIKES PEAK CARDIOLOGY APPROPRIATE ADMINISTRATIVE STAFF.

I understand that the purpose of this analysis is to determine or rule out the presence of these substances in my urine or breath.

I hereby freely and voluntarily consent to this request for a urine or breath specimen and agree to participate in the testing program. I understand that a condition of my employment is my participation in the drug-testing program.

I hereby release Pikes Peak Cardiology, its employees, agents, and contractors from any and all liability whatsoever arising from this request for a urine or breath sample, from the testing of the urine or breath sample, and from decisions made concerning my application for or continuation of employment based upon the results of the analysis.

I have reviewed PIKES PEAK CARDIOLOGY'S Drug Free Workplace Policy and drug testing program and I agree to cooperate in all aspects of the testing program.

I further acknowledge that PIKES PEAK CARDIOLOGY has provided me with an opportunity to ask questions related to its drug testing program and that all my questions have been answered.

Employee/Applicant Signature:

Date: _____

Witness Signature:

Date: _____