



Parkersburg-Marietta Contractors and Trades Educational and Development Fund

2400 Garfield Ave
Parkersburg, WV 26101
(304) 485-6322



SUBSTANCE ABUSE TESTING & ALL OTHER SERVICES CONSENT FORM

I consent to having all drug testing facilities, as approved by the Parkersburg-Marietta Contractors and Trades Educational and Development Fund ("Fund"), collect any urine, saliva, hair, or blood samples from me for the purposes of providing: 1) testing of a Fund participant member prior to beginning work for a contractor; 2) annual testing for an existing Fund participant member; 3) random testing of a Fund participant member pursuant to a random drug testing plan established by a contractor, owner, or union; and 4) testing of an existing Fund participant member for cause (collectively "Drug Testing"), as established by the Fund's Substance Abuse Policies and Procedures, as amended ("Policies and Procedures").

I further consent to the release of any results from the Drug Testing to: 1) the Fund; 2) my Union, as set forth below; 3) any similar fund programs with whom the Fund has reciprocal agreements, pursuant to Section V(J) of the Fund's Policies and Procedures ("Reciprocal Agreements"); 4) any Contractor, as established by the Fund's Amended Declaration of Trust or any Reciprocal Agreements, with whom I am currently employed or am being considered for employment; and 5) any owner or operator of the facility at which I am currently employed or at which I am being considered for employment.

I acknowledge that a positive test result from any Drug Testing set forth above may result in discharge from my current employment, as set forth in the Fund's Policies and Procedures and my employer's drug testing plans.

I acknowledge and agree that my consent as set forth in the Paragraphs above is effective upon the execution date set forth below, and said consent shall continue in effect indefinitely unless and until I provide and deliver written revocation of said consent to the Fund.

I acknowledge that I have read a current copy of the Fund's Drug Testing Policies and Procedures.

\* I acknowledge that the sample I will provide is my own. \_\_\_(initial)\*

I have taken or am taking the following drugs, prescription medication, or nonprescription drugs within the past thirty (30) days:

In compliance with H.I.P.A.A regulations the prescription section is optional.

NAME OF DRUG PRESCRIBING PHYSICIAN (PHONE#) PHARMACY (PHONE#)

NAME (PRINTED) LOCAL UNION/TRADE

ADDRESS CITY STATE ZIP CODE

SOCIAL SECURITY NO. PHONE NUMBER (HOME) DATE OF BIRTH

EMPLOYER JOB SITE LOCATION

I HAVE READ A CURRENT COPY OF THE DRUG TESTING POLICIES AND PROCEDURES FOR THE PARKERSBURG-MARIETTA CONTRACTORS AND TRADES EDUCATIONAL AND DEVELOPMENT FUND.

SIGNATURE

DATE

FOR OFFICE USE ONLY:

Please Mark All That Apply:

Circle Test Performed

POSITIVE \_\_\_ NEGATIVE \_\_\_

RECALL LETTER: YES / NO

PFT/FIT Non-Dot X
LEAD /ZPP Default Panel X
HEP B 1 2 3 #3499
BAT
Random Annual
Pre-employ Onsite
Reasonable Suspicion Post-Accident

Verified By: