Consent to Test for Drugs and Alcohol

ALABAMA ABC BOARD
Alabama Alcoholic Beverage Control Board

I, the undersigned, understand that, in accordance with the ABC Board's policy of providing the people it serves and its employees a safe work environment which is free from the effects of controlled substances, I am being asked to undergo a substance abuse screening test. I understand that this is not a diagnostic examination designed to detect hidden or latent disease, but is instead for the purpose of screening for controlled substances. I also understand that refusal to sign this form could jeopardize future employment with the ABC Board or be considered insubordination and be grounds for termination.

I authorize the release of the results of this test to the Alabama ABC Board, the Medical Review Officer, and to such health insurers and health care groups that may be under contract to provide employee health care.

Employee Name:_____ Classification: _____

Employee Signature:_____ Date:_____