

Code No. 403.7E4

DRUG/ALCOHOL TEST NOTIFICATION FORM

Date:		
Name (print)	Social Security Numbe	r
The above named employee is to have the	following test:	
Time Sent by District School District Contact	ct Person	(phone)
Time Arrived at Collection Site Collection S Time Test Was Completed Collection Site I I understand I am to go directly to the collection	Person	
Nurse's Office, UCSD, 1284 U Ave., Boon	e, IA 50036	
	alcohol test result of gre	04 alcohol concentration or greater will result in eater than .02 but less than .04 alcohol concentration enty-four (24) hours.
Iowa Drug and Alcohol Testing (IDAPT) me	dical review officer for t	ed to and maintained by the school district and the he purpose of completion of reports including, but federal drug and alcohol testing regulations.
Employee's Signature	Date	<u> </u>