

**ATTACHMENT B**

**Pre-employment Consent to Drug Screening**

1. I, \_\_\_\_\_, understand that the medical  
Name  
examination that I am about to receive includes:
- A blood test for the presence of drugs
- A urine test for the presence of drugs
2. I hereby give my consent to \_\_\_\_\_ (an HHS certified facility) to perform these tests. I understand that if I decline to sign this consent, and thereby decline to submit a sample for the test, the test will not be completed. The Town Administrator will be notified and my application for employment may be rejected.
3. I further consent to the release of the results of the tests to the Town of Wilbraham.
4. I have taken the following drugs or substances within the last 96 hours:

Identify

Name & Amount

Prescribing Physician

Sleeping Pills

Diet Pills

Pain Relief Pills

Cold Medicines

Anti-malarial

Other

CONSENT GIVEN

CONSENT REFUSED

Specimen Number: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_