

**College of Health, Education and Professional Studies
School of Nursing
Student Policy of Drug Screening Agreement Form**

I have read, understand, and agree to the College of Health, Education and Professional Studies, Drug Screen Policy. I hereby release The University of Tennessee at Chattanooga (UTC), and the College of Health, Education and Professional Studies (CHEPS) in connection with the Drug Screen Policy.

I understand that should any legal action be taken as a result of the Drug Screen Policy and Procedure, that confidentiality can no longer be maintained.

I hereby consent to submit to a urinalysis and/or other tests for the purpose of determining substance use.

I understand that I am subject to testing for cause should I exhibit signs/symptoms of substance abuse (such as slurred speech, impaired physical coordination, inappropriate behavior, pupillary changes, or other signs/symptoms).

I understand that I will be responsible for the cost of the testing procedure.

I agree that specimens for the tests will be collected by personnel in the UTC Student Health Center. I agree, that when appropriate, the specimen for the tests will be collected by employees of a clinical agency other than the UTC Student Health employees.

I further agree to, and hereby authorize, the release of the results of said tests to the Dean of CHEPS and the Director of the School of Nursing.

I understand that the current use of drugs and/or alcohol shall prohibit me from participating in clinical and didactic courses. I further understand that these courses are required in order to graduate from the School of Nursing programs at UTC.

I further understand that I will be subject to the same rules as the health care employees in the facilities where I will be participating in clinical practicums.

I have carefully read the foregoing and CHEPS Policy on Drug Screening located in the School of Nursing Undergraduate and Graduate Handbook, and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced by anyone to sign this document.

Signature: _____

Printed Name : _____

Date: _____

Witness' Signature _____

Witness' Printed Name: _____