**Drug Screening Consent Form**

Company Name  
Company Address  
Phone & Email

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Father’s/Guardian’s Name |  |
| Date of Birth |  | CNIC/ID Number |  |
| Address |  | Phone Number |  |
| Position Applied / Job Title |  | Department |  |

**2. Purpose of Drug Screening**

This drug test is being conducted as part of:

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Pre-employment screening | ☐ Random workplace screening | ☐ Reasonable suspicion screening | ☐ Post-incident testing |
| ☐ Annual / periodic testing | ☐ Other: |  | |

**3. Consent Statement**

I, **(Employee Name),** hereby give my full consent to undergo a **drug screening test** conducted by or on behalf of **(Company Name)**.

I understand and agree to the following:

* The test may include urine, blood, saliva, hair, or other medically accepted procedures.
* The results will be kept confidential and used only for employment/HR purposes.
* Refusal to undergo the test may result in withdrawal of employment offer or disciplinary action according to company policy.
* I authorize the testing facility to share the results directly with the Company.
* I confirm that the information provided by me is true and correct.

**4. Medical Disclosure (Optional)**

Please list any prescription or over-the-counter medications you are currently taking (if applicable):

|  |
| --- |
|  |
|  |
|  |

**5. Employee Acknowledgment**

I acknowledge that I have read, understood, and voluntarily consent to the drug screening as described above.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

**Employee Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Company/HR Representative**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Designation:** |  |
| **Signature:** |  | **Date:** |  |

**7. For Testing Facility Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Test Conducted By |  | Testing Method |  |
| Sample Collected On | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ | Result | ☐ Negative ☐ Positive ☐ Inconclusive |
| Notes: |  |  |  |