

**Drug Free Workplace Program
Acknowledgment of Receipt, Understanding and
Drug Screening Consent Form**

I _____, acknowledge that I have received notice of the Town of Longboat Key Drug Free Workplace Program. I understand that I am responsible for knowing the contents of these policies and procedures and familiarizing myself with any future revisions.

I further understand that compliance with the policies and procedures of the Drug Free Workplace Program is a condition of employment and that I consent freely and voluntarily to provide a urine or other specimen or sample to be tested for alcohol, drugs, or other controlled substances as provided for in the Drug Free Workplace Program. I give my permission to the testing facility to release the results of these tests to the Town of Longboat Key's designated officials. I understand that if I refuse to be tested, or if I test positive, I will be disqualified for further employment consideration or subject to disciplinary action up to and including termination from employment with the Town. I also understand that, in the event I was injured in the course of scope of my employment, and refuse to be tested or test positive, I may, in addition to the above forfeit all my medical and indemnity benefits under the Florida Workers' Compensation Act.

I hereby hold harmless and release the Town of Longboat Key, its employees, agents, and contractors from any liability arising from the request to furnish any specimen or sample, testing of specimen or sample, and any decisions made concerning my application for employment or my continued employment, based upon the results of the test, provided that the Town of Longboat Key's actions comply with the policies established by this Drug Free Workplace Program.

I further understand that the Town of Longboat Key reserves the right to change, modify, or delete any of its policies and procedures and that the policies and procedures of the Drug Free Workplace Program are not to be interpreted as a contract of employment between the Town of Longboat Key and me.

Signature of Employee/Applicant

Date

Print or type name of Employee/Applicant

Witness Signature

Date

Print or type name of Witness

**Over-The-Counter (OTC) and Prescription Drugs Which Could
Alter or Affect The Outcome Of A Drug Test
and for which the Town Tests***

Alcohol - all liquid medications containing ethyl alcohol (ethanol). Please read the label for alcohol content. As an example, Vicks Nyquil is 25% (50 proof) ethyl alcohol; Comtrex is 20% (40 proof); Contac Severe Cold Formula Night Strength is 25% (50 proof); and Listerine is 26.9% (54 proof) (Booze, Drink).

Amphetamines - Obetrol, Biphetamine, Desoxyn, Dexedrine, Didrex, Delcobese, Mediatric (uppers).

Cannabinoids - Marinol (Dronabinol), Marijuana (Pot, Acapulco Gold, Grass, Reefer, Joint, Weed), Tetrahydrocannabinol (THC), Hashish (Hash), Hashish Oil.

Cocaine - Cocaine HCl topical solution (Roxanne), Coke, Flake, Snow, Crack, Nose Candy.

Phencyclidine - not legal by prescription; PCP, Angel Dust, Hog.

Methaqualone - not legal by prescription; Quaalude.

Opiates - Paregoric, Parapectolin, Donnagel PG, Morphine, Tylenol with Codeine, Empirin Compound with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guaiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin and Roxanol (morphine sulfate), Percodan, Vicodin, Doveros Powders, Opium, Pectoral Syrup.

Barbiturates - Phenobarbital, Tuinal, Amtal, Nembutal, Seconal, Lotusate, Fiorinal, Fiorciet, Esgic, Butisol, Mebaral, Butabarbital, Phrenilin, Triad, etc.

Benzodiazepines - Atival, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restorial, Centrax.

Methodane - Dolophine, Methadose, Methadone.

Propoxyphene - Darvocet, Darvon N, Dolene, etc.

Important Notice: According to our Medical Review Officer (MRO), use of hemp oil can cause a positive urinalysis for marijuana. The MRO follows the practice established by the federal government, which is to **NOT** accept this as an explanation for a positive result on a drug screen.

*List Prescriptions Taken in Last 30 Days - Return this with Signed Consent form

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