



*St. Clair County*  
ALABAMA



*St. Clair County Commission  
165 5th Avenue Suite 100  
Ashville, Alabama 35953  
(205) 594-2100  
Fax (205) 594-2110*

**PATIENT CONSENT FORM**

**PRE-EMPLOYMENT / POST ACCIDENT DRUG SCREENING**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**RESPONSIBLE PARTY (CHECK ONE)**  Pre-employment Drug Screen / Self  
 Post Accident /St. Clair County

**TYPE OF SCREENING (CHECK ONE)**  DOT  
 POST ACCIDENT  
 10 PANEL – LAB SEND OFF

I hereby authorize the release of all medical records pertaining to this work-related injury/illness/physical and drug screening to my employer, insurance company, and any medical provider involved in the diagnosis/treatment of this injury/illness/physical I hereby grant this treating facility to perform any and all tests/procedures including drug screening, blood and breath alcohol test related to my injury/illness/physical deemed necessary. A photocopy of the authorization shall be considered as effective and valid as the original.

**Employee Signature:** \_\_\_\_\_

**\*\*ALLSCREENING RESULTS MUST ONLY BE SENT TO JENNIFER FORMAN AT [JFORMAN@STCLAIRCO.COM](mailto:JFORMAN@STCLAIRCO.COM) OR MIRANDA CATER AT [MCATER@STCLAIRCO.COM](mailto:MCATER@STCLAIRCO.COM). THEY CAN ALSO BE FAXED TO THE NUMBER ABOVE.**