

## Offender Drug Screening Log and Consent

Offender Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Staff Requesting: \_\_\_\_\_

Authorizing Supervisor: \_\_\_\_\_

Staff Collecting: \_\_\_\_\_

I, \_\_\_\_\_ hereby consent to the collection and testing of my urine sample by the Vermont Department of Corrections to determine the presence of the following drugs or illegal substances. I understand that if the screening test determines that drugs are present the urine sample may be sent to an offsite laboratory for further confirmation testing based on Department of Corrections Policy.

Date: \_\_\_\_\_ Offender signature: \_\_\_\_\_

Current Medications:

\_\_\_\_\_

Test Type:

Treatment  Reasonable Suspicion - Cite justification here:

\_\_\_\_\_

Drugs Tested For:	Positive Results? Yes or No	If Positive, Prescribed? Yes or No
Amphetamine		
Barbiturates		
Benzodiazepine		
Buprenorphine		
Cocaine		
Marijuana		
Methadone		
Methamphetamine		
Opiates		
Oxycodone		
Other:		

By my signature below, I attest that the above information is true to the best of my knowledge. Any positive test result cited above has been reviewed with me and, I admit that I used controlled substance(s) as described and outlined above.

\_\_\_\_\_  
Signature of Offender (required for positive results)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Conducting Test

\_\_\_\_\_  
Date

Refused - Signature of 2<sup>nd</sup> staff member as witness of refusal: \_\_\_\_\_