

**MEDICAL COLLEGE OF GEORGIA
PRE-EMPLOYMENT DRUG SCREEN REQUEST**

This form must be complete, signed, dated and returned with your application of employment. Upon an offer of employment, information regarding pre-employment drug screening procedures for interns, residents and fellows entering training programs at the Medical College of Georgia will be provided prior to the start date.

My signature below, indicates my consent and authorization to have my urine screened for illegal drugs as a *precondition of my employment by the medical College of Georgia* and as required by Georgia Law 45-20-111. I hereby consent to have the results of my urine drug screening reported to the appropriate personnel at the Medical College of Georgia.

According to policy 45-20-111, Any applicant offered employment who refuses to submit to an established test or whose test results are positive shall be disqualified from employment by the State. Such disqualification shall not be removed for a period of two years from the date that such test was administered or offered, whichever is later.®

Please Print or Type

NAME

First/Middle/Last

ADDRESS

Street

City/State/Zip

DATE

SOCIAL SECURITY NUMBER

SIGNATURE OF APPLICANT _____