MASTER OF SCIENCE PROGRAM
DEPARTMENT OF ANESTHESIOLOGY
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

Authorization for Drug Testing and Release of Drug Test Results

I understand that in order to participate in clinical education programs at certain healthcare facilities with which the Master of Science Program, Department of Anesthesiology, University of Colorado School of Medicine is affiliated, students must consent to drug testing.

I understand that I may refuse to submit to drug testing. I understand that I will not be eligible to participate in clinical education programs offered by the University of Colorado if I refuse to consent to testing, if the test results are positive, or if there is evidence (in the opinion of the University of Colorado, the clinical education site, or the testing laboratory) that the testing sample was tampered with, substituted, or altered in any way. I understand that being unable to participate in clinical education programs offered by the University of Colorado will preclude my continuing in the Master of Science Program which will result in my dismissal from the University of Colorado.

I understand that the tests will detect illegal drugs, other non-prescribed intoxicants, and some prescription drugs. I understand that positive test results caused by the appropriate use of legally prescribed medications will not affect my eligibility to participate in clinical education programs unless such use would cause my participation or performance to be unsafe or unacceptable.

I hereby voluntarily consent to being tested for drugs. I voluntarily consent to testing by any method that the University of Colorado deems reasonable and reliable, including blood analyses and urinalysis. I also consent to the release of the test results to the University of Colorado and to any agency or facility that is affiliated with the University of Colorado as a site for clinical education. I hereby waive any privilege concerning my drug test results for the purposes authorized above, and I hereby release the University of Colorado from any and all claims, liability, and damages that might arise from the use and/or disclosure of such information pursuant to this authorization.

_____ _____

Signature Date

_____

Print Full Name

_____

Social Security Number