



## GOODWILL INDUSTRIES OF CENTRAL FLORIDA, INC. DRUG TESTING FORM

This is to advise you that you are to take a drug test immediately upon completion of this form. No drug test can be given without completion of this form.

Employee Name (please print clearly): \_\_\_\_\_

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

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone # ( ) \_\_\_\_\_

ADMIT \_\_\_\_ NAME OF DRUG(S): \_\_\_\_\_ (please initial) \_\_\_\_\_

Please list all prescribed or over the counter medications that you are currently taking.

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### TO BE COMPLETED BY TEST SUPERVISOR:

Reason for Drug Screen:

( ) Pre-employment    ( ) Post Accident    ( ) Suspicion/Cause (Include Observation Form)

( ) Other: \_\_\_\_\_

Job Name: \_\_\_\_\_ Job Location: \_\_\_\_\_

Talent Specialist/Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_

NEGATIVE DRUG POSITIVE

\_\_\_ ME \_\_\_  
\_\_\_ TH \_\_\_  
\_\_\_ CO \_\_\_

NEGATIVE DRUG POSITIVE

\_\_\_ AM \_\_\_  
\_\_\_ OP \_\_\_  
\_\_\_ PC \_\_\_