

**CONSENT AND AUTHORIZATION FOR ALCOHOL
AND DRUG SCREENING POST-ACCIDENT**

Employee: _____ Date of Birth: _____

Address: _____

The undersigned hereby consents to and authorizes an alcohol and drug screen/chemical testing to be performed following any work-related accident that requires medical attention. I understand that if I refuse to voluntarily submit to the alcohol and drug screen/chemical testing, my refusal shall be considered evidence of impairment as provided by K.S.A. 44-501.

I have read the above and foregoing Consent and Authorization for Drug and Alcohol Screening, Post Accident and do hereby acknowledge that I am familiar with and fully understand the terms and conditions of this authorization. It is expressly agreed that a photocopy of this authorization shall be considered as valid as the original.

Signed this _____ day of _____ 20__.

Employee's Name

Witness