

MR#:



# REGISTRATION FORM

EMPLOYEE HEALTH DEPT.  
Fax : 908-994-5623  
Phone: 908-994-5368

## SCHOOL OF NURSING

NAME : \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SERVICES RENDERED:

DS - \$95

TITERS - \$30 each test

TB TEST - \$15 each test

PHYSICAL - \$35

Amt Paid: \_\_\_\_\_

drug screen consent and reg. 07/15

### Directions for Drug Screen

**DRUG SCREENING TEST CONSENT**

<b>Drug Testing:</b>	Trinitas Occupational Medicine/ Emp. Health 210 Williamson Street (1 <sup>st</sup> Floor) Elizabeth, NJ 07202 Administrative Building	<b>Phone: 908-994-5368</b> <b>Call to schedule appointment</b>
		<b>Drug Screening Hours:</b> <b>Mon – Fri (08:00am – 2:30pm)</b>
<b>Preparations:</b>	The test is performed by urinalysis. Please drink plenty of fluids prior to your appointment. You will need to remain at the collection facility until you are able to void a sufficient volume for the sample.	
<b>Please Take:</b>	<b>The Fee is \$95.00 (cash/credit/debit Only) NO CHECKS.</b> Please this form, bring a photo ID, such as your driver's license, or school ID. Please know that you will no be allowed to carry anything into the collection room with you, such as bags coats, purses, briefcases, etc. Also, refrain from wearing baggy clothing that could be used to conceal adulterants or other means of subverting the accuracy of the test.	
<b>Results:</b>	Please note students should return 3 business days after test is performed to pick up results. RESULTS CAN NOT BE MAILED.	

Trinitas Hospital and Trinitas School of Nursing maintains a drug free environment.

Therefore, as part of a pre-clinical physical examination to insure I am physically able to perform the clinical component of my program, I am required to provide a urine sample for testing to determine my status for illegal drug use.

Students with a positive drug screen and/or an adulterated drug screen for illegal drugs will not be allowed into or remain in the nursing program of Trinitas School of Nursing.

I, \_\_\_\_\_, consent to providing a sample of my urine to be tested for drug content.

If I refuse to sign the consent or provide a sample for drug screening, I understand that the health clearance will not be completed satisfactorily and I will not be allowed in the clinical course at this time.

I understand that I will be informed of the results of these tests and that appropriate action will be taken, consistent with the policy of Trinitas School of Nursing.

I understand that a positive illegal drug screen and/or an adulterated drug screen will be reported to the Dean of Trinitas School of Nursing for appropriate action, consistent with the policy of Trinitas School of Nursing.

\_\_\_\_\_  
Student Signature:

\_\_\_\_\_  
DOB:

\_\_\_\_\_  
Date:

Did you have anything to eat today?                      (    ) Yes              (    ) No

Please list any and all medications currently being taken:

_____	_____
_____	_____
_____	_____