

Left Dept. At:

CITY OF BALTIMORE
Human Resources Administration
DRUG AND ALCOHOL TESTING ORDER



All information MUST be provided. Employee must bring Photo Identification with the completed "Original - Medical Services" copy of this form.

The employee/candidate named below is scheduled to report for drug and alcohol testing at the City of Baltimore Occupational Medical Services (Mercy Clinic), 323 N. Calvert St; (410-332-9773; Fax: 410-332-0614)

Employee/Candidate Name:
Home Address:
City: State: Zip: DOB: Gender:
Department: Work Phone:
Bureau: Division:
Fund & Cost Center: Occupation/ Job Title:
Appointment Date for Service: Appointment Time:

REASON FOR TESTING: CDL PRE-PLACEMENT PROMOTIONAL
Non-CDL PRE-PLACEMENT

AGENCY CONTACT FOR QUESTIONS REGARDING THIS ORDER:

Name: Title: Phone:

Does this test order form satisfy ALL the Pre-Placement testing needs of this candidate?

NO YES

Choose "NO" if candidate is to be employed in ANY category listed to the right. An additional Physical will also be needed and requires a completed "Request for Services" form.

- All Commercial Drivers License (CDL) holders
All employees who are required to frequently lift over 40 lbs.
All health care workers
All employees with potential exposure to hazardous materials, (ex. Chemicals, lead, rodenticides, herbicides, asbestos)
All employees with exposure to noise in excess of 85 decibels
All employees who are candidates for vaccination, (ex. hepatitis B, rabies)
All employees who wear respirators

Department Head Name:

HR Designee Name: Work Phone:

HR Designee Signature:

In ALL CASES of positive Drug/Alcohol Test results, the department's Designated Human Resources Authority will be notified by the Department of Finance, Office of Risk Management, Division of Occupational Safety.

Requestor (Agency) keeps a photocopy and sends the testing order form (original copy & Safety copy) to Occupational Medical Services (Mercy Clinic). Requestor sends the DHR - DP copy directly to 201 E. Baltimore St.