

**COLORADO DEPARTMENT OF TRANSPORTATION  
DRUG AND ALCOHOL TESTING**

**CDOT CONTACT INFORMATION**

|   |        |                   |
|---|--------|-------------------|
| EMPLOYER: COLORADO DEPT OF TRANSPORTATION                                     |        | REQUEST DATE:     |
| EMPLOYER CONTACT NAME:  |        | REGION / SECTION: |
| PHONE:  | EMAIL: |                   |
| ADDITIONAL COMMENTS, i.e. preferred clinic, specific date(s)/weekday(s), etc. |        |                   |

**APPLICANT / INCUMBENT INFORMATION**

|                         |                          |        |
|-------------------------|--------------------------|--------|
| NAME (LAST, FIRST, MI): |                          |        |
| ADDRESS:                | CITY:                    | STATE: |
| SAP PRN#:               | DATE OF BIRTH:           |        |
| JOB CLASSIFICATION:     | DRIVER'S LICENSE NUMBER: |        |
| PRIMARY PHONE NUMBER:   | ALTERNATE PHONE NUMBER:  |        |

**MEDICAL INFORMATION RELEASE**

I understand that information about my fitness and ability to perform this job discovered during the examination may be reported to the Colorado Department of Transportation. I understand that refusing to sign below may result in the withdrawal of a conditional offer of employment, or if I am a current CDOT employee may result in personnel action.

|                               |       |
|-------------------------------|-------|
| APPLICANT/EMPLOYEE SIGNATURE: | DATE: |
|-------------------------------|-------|

**DRUG AND ALCOHOL TESTING TO BE PERFORMED**

|   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Pre-Employment – DOT | <input type="checkbox"/> Random         | <input type="checkbox"/> Post-Accident     | <input type="checkbox"/> Reasonable Suspicion DOT     |
| <input type="checkbox"/> Return-to-Work       | <input type="checkbox"/> Drug Only      | <input type="checkbox"/> Follow Up # _____ | <input type="checkbox"/> Reasonable Suspicion Non-DOT |
|   | <input type="checkbox"/> Drug & Alcohol |  |   |

**To be completed by**

**AUTHORIZED CDOT PERSONNEL ONLY**

|                                   |                                  |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Negative | <input type="checkbox"/> Refusal |
| <input type="checkbox"/> Positive | Follow Up# _____                 |
| Return to Work Date _____         | Follow Up Date _____             |

|                                  |                                 |                       |
|----------------------------------|---------------------------------|-----------------------|
| Results Received by (Print Name) | Results Received by (Signature) | Results Received Date |
|                                  |                                 |                       |