

**Walk-In Hours (Chemical Testing Only):
Monday through Friday (8 a.m. to Noon; 1 p.m. to 3 p.m.)**

Occupational Medicine
400 East Third Street
Duluth Clinic
(Registration – Fourth Floor)

CITY OF DULUTH - CHEMICAL TEST FORM

DATE: _____

TO: _____
(Employee/Applicant)

You are hereby being requested to submit to chemical testing to determine the presence or absence of alcohol, drugs, or their metabolites.

The City's *Drug & Alcohol Use Policy* is attached, which you should review prior to your test.

You may voluntarily answer the following three questions prior to the test. If the test detects any substances, you will be asked to answer the questions after the test.

1. What, if any, over-the-counter or prescription medications are you currently taking or have you recently taken? (Record the drug, dose, and when taken)

2. What alcohol, or controlled substances, have you taken recently? (Record substance, dose and time taken)

3. Do you have any information to give relevant to reliability of, or explanation for, a positive test result? If so, what?

Have you seen the City of Duluth's Drug & Alcohol Use Policy? ___ Yes ___ No

If you answered no, please review the policy now and indicate that you have done so:

You may refuse to submit to chemical testing. However, such a refusal for an employee is considered a gross act of insubordination and will result in discipline pursuant to the applicable labor contract. Refusal by an applicant to submit to chemical testing will result in the withdrawal of the job offer.

Employee/Applicant Signature

Date