PHLEBOTOMY BACKGROUND CHECK/ DRUG SCREENING

I give Panola College permission to perform a background search from the following websites **prior** to registering for the Phlebotomy program:

1. **Public Data**
2. **Texas Department of Public Safety – Criminal History background**

If I am married or have been married and divorced, I also give Panola College permission to perform a Criminal Background check on my maiden name as well as my married name(s). My admission into the Phlebotomy program is ultimately determined by the findings of the above searches and those findings will be final.

I, _____, recognize that the use and abuse of alcohol, drugs or substances can create an unsafe clinical working environment for others and myself. When requested, I agree to provide a blood, urine and/or breath sample to a drug-testing laboratory designated by Panola College. I also permit the testing laboratory to release the results of the drug-screening test to designated Panola College authorities.

I give permission to Panola College authorities to verify my prescription medications with the prescribing health care provider.

I give Panola College Phlebotomy program permission to give copies of the results of my drug screening and/or criminal background check to the Clinical Supervisor, Director of Nursing or Clinical Human Resource Department at the site I am attending, when requested.

_____

PRINTED Name: LAST FIRST MIDDLE MAIDEN

OTHER NAMES USED: _____

DOB: _____ **SSN:** _____-_____-_____ **RACE:** _____ **GENDER:** _____

SIGNATURE: _____

DATE: _____