

CLINICAL ROTATION DRUG TESTING CONSENT, RELEASE and HOLD HARMLESS FORM

I, _____, am a student in the School of Medicine at the University of Massachusetts Medical School, Worcester, Massachusetts (UMMS). I agree that as part of my medical education requirements, I am required to do clinical rotations. The upcoming rotation to which I have been assigned: _____, requires students to submit to drug testing before commencing the rotation.

Accordingly, I hereby consent to submit to a drug test to furnish a sample of my urine for analysis. I acknowledge and understand the drug test I will be taking will identify the presence of specific drugs and/or drug groups or their components in my urine. I also understand that my participation in a clinical rotation at the above site is contingent on a negative drug test.

I understand, acknowledge and agree that my drug test will be performed by UMass Memorial Medical Center's Employee Health Services (EHS) and/or its authorized agents and physicians. I consent and authorize EHS to send the specimen or specimens collected by EHS and provided by me to a laboratory or other testing facility. I further authorize that laboratory or other testing facility to release any and all documentation relating to such test, including the results, to EHS, which is then authorized to release this same documentation and information to UMMS' Office of Student Affairs.

I understand that the interpretation of the drug testing results may require EHS to obtain additional medical information from me or my health care provider, and that my failure to provide such information and documentation shall result in my inability to begin the involved clinical rotation. EHS agrees that only the negative/positive results will be released by EHS to UMMS, and all other medical information shall remain confidential within EHS. I also understand that marijuana use, whether for medical purposes or not, will result in my inability to begin the involved clinical rotation.

I understand and acknowledge that a positive test result will result in my inability to begin the involved clinical rotation, the positive result will be forwarded for further review and handling by UMMS' Office of Student Affairs, the positive result may lead to either a potential Leave of Absence from UMMS and/or potential referral to Physician Health Services (an entity within the Massachusetts Medical Society), and I will not be able to undertake any clinical rotation until this matter is resolved to the satisfaction of UMMS, which may adversely impact / delay my progression at UMMS.

I agree to indemnify and hold harmless UMMS, UMass Memorial Medical Center, its Employee Health Service, and their agents, Officers, employees and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with these matters.

I understand that my reproduced copy of this "CLINICAL ROTATION DRUG TESTING CONSENT, RELEASE and HOLD HARMLESS FORM" shall have the same force and effect as the original.

I have carefully read the foregoing, fully understand its contents, and voluntarily sign same.

STUDENT:

Print Name: _____

Signature: _____ Date: _____

WITNESS:

Print Name: _____

Signature: _____ Date: _____

