

EMPLOYEE CLINIC PASSPORT

For DOT Employees Only

County of Stanislaus

Employee Instructions: Bring this form and your Drivers License to the clinic location indicated.

Collection Site Instructions: Do Not Attach this sheet to the Chain of Custody Form to be sent to Alere. Call County contact if you have questions.

<input type="checkbox"/> Modesto U.S. HealthWorks 1340 Mitchell Road Modesto, CA 95351 (209) 581-9711 M-F 7:00 am – 7:00 pm	<input type="checkbox"/> After Hours & Weekends (877) 292-1822 Listen for the prompt then state you have a <u>post accident/reasonable suspicion situation</u> and need a 24/7 collection location. Alere will call back with an available location as close as geographically possible.	<input type="checkbox"/> Modesto U.S. HealthWorks 1524 McHenry Ave, Ste 500 Modesto, CA 95350 (209) 575-5801 M-F 8:00 am – 6:00 pm												
Testing Purpose and Type: check the appropriate boxes. <input type="checkbox"/> DOT REQUIRED <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> FHWA</td> <td style="width: 33%;"><input type="checkbox"/> FTA</td> <td style="width: 33%;"><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Drug (urine specimen)</td> <td><input type="checkbox"/> Alcohol (breath specimen)</td> <td><input type="checkbox"/> Both</td> </tr> <tr> <td><input type="checkbox"/> Random</td> <td><input type="checkbox"/> Pre-Employment/Assignment</td> <td><input type="checkbox"/> Follow Up</td> </tr> <tr> <td><input type="checkbox"/> Post-Accident</td> <td><input type="checkbox"/> Reasonable Suspicion</td> <td><input type="checkbox"/> Return to Duty</td> </tr> </table>			<input type="checkbox"/> FHWA	<input type="checkbox"/> FTA	<input type="checkbox"/> Other	<input type="checkbox"/> Drug (urine specimen)	<input type="checkbox"/> Alcohol (breath specimen)	<input type="checkbox"/> Both	<input type="checkbox"/> Random	<input type="checkbox"/> Pre-Employment/Assignment	<input type="checkbox"/> Follow Up	<input type="checkbox"/> Post-Accident	<input type="checkbox"/> Reasonable Suspicion	<input type="checkbox"/> Return to Duty
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Account Number: 554628001 (DOT Test)														
Employee Information Employee ID Number _____ (OR Soc. Security Number) Employee's Drivers License number: _____ (<i>Supervisor must verify that employee has license in possession</i>) Employee's daytime telephone number: () _____ Employee's evening telephone number: () _____														
If alcohol test is positive or if information is needed, contact: Diane Pearson @ (209) 525-5781, Peggy Huntsinger @ (209) 525-5770, David Becker @ (209) 525-5776 or Kevin Watson @ (209) 525-5777														

Instructions to Supervisors for Completing Employee Passport

You must enter the appropriate information on the employee clinic “passport” and have the employee take the “passport” to the specimen collection location.

1. Check the box for the appropriate clinic location nearest the work site.
2. Check the box indicating the test is mandated by the DOT program requirements.
3. Check what type of tests the employee is required to take and the reason (drug, alcohol, both and random, post-accident, pre-placement, etc...)
4. Complete the employee information section.