



## DRIVER POST- ACCIDENT AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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I acknowledge I have been involved in an accident for which post-accident testing is required under the Federal Motor Carrier Safety Administration regulations.

I hereby authorize the clinic, laboratory, hospital, substance abuse professional and/or physician to disclose all hospital reports and other documents pertaining to the accident (including drug and/or alcohol test results) to a doctor who will review the information and/or to Texas A&M Forest Service. I also authorize the doctor to release information pertaining to the accident (including drug and/or alcohol test results) to Texas A&M Forest Service. The release by the clinic, laboratory, hospital, substance abuse professional and/or physician of the information and results, and the utilization of the information and results by Texas A&M Forest Service shall be for the limited purpose of providing Texas A&M Forest Service an opportunity to evaluate my suitability for continuing employment with Texas A&M Forest Service and whether there were any controlled substances or alcohol in my system. The clinic, laboratory, hospital, substance abuse professional and/or physician is only authorized to release the information and results for a period of up to and including 120 days from the date indicated below.

The reports and documents shall include, but are not limited to, any substance abuse professional evaluations and recommendations, my medical information and reports; laboratory, scientific and other reports and/or test results and/or causal factors for my condition, diagnosis and prognosis.

I acknowledge the executing of this authorization is voluntary and I have the right to receive a copy of this authorization if I request one.

EMPLOYEE SIGNATURE

DATE

EMPLOYEE PRINTED NAME:

SUPERVISOR SIGNATURE

DATE

SUPERVISOR PRINTED NAME: