

REPORT OF PAST DRUG AND/OR ALCOHOL TEST RESULTS

To: Douglas County West Community Schools ("School District")
From: [Insert name of Company submitting results]
Re: [Insert Driver/Applicant's name]
[Insert Driver/Applicant's Social Security Number]
to [Insert "Relevant 2 Year Period" dates]

In accordance with the DOT regulations, at School District's request, and with the Driver/Applicant's Consent, the Company reports the following results of drug and alcohol tests conducted on the above named Driver/Applicant by this Company during the above designated "Relevant 2 Year Period."

(i) Past Alcohol Test Results:

Date of Test: [] No alcohol tests conducted during relevant period
[] 0.04 or greater [] Negative [] Refused to be tested
Date of Test: [] 0.04 or greater [] Negative [] Refused to be tested

(ii) Past Drug Test Results:

Date of Test: [] No drug test conducted during relevant period
[] Verified Positive [] Negative [] Refused to be tested
Date of Test: [] Verified Positive [] Negative [] Refused to be tested

(iii) Refusals to Submit: (Note: Refusals to submit include verified adulterated or substituted drug tests)

[] No refusal to submit to drug and/or alcohol test during relevant period
[] Refusal to submit to drug and/or alcohol test during relevant period, on the following dates:
Date of Refusal: Nature of Refusal:
Date of Refusal: Nature of Refusal:

(iv) Any Other Violations of DOT Agency Drug and/or Alcohol Testing Regulations:

[] No such violations during period specified
[] Violations occurred during relevant period, on the following dates:
Date of Violation: Nature of Violation:
Date of Violation: Nature of Violation:

(v) Completion of DOT Return-to-Duty Requirements, including follow-up tests:

[] Not Applicable, no violations occurred during period specified
[] Not Applicable, violation(s) occurred during period specified, but Company has no record of successful completion of return-to-duty requirements
[] Documents are attached; violation(s) occurred during period specified, and Employee successfully completed return-to-duty requirements

Date Name of person completing form (type/print) Title (type/print)