



**DOT Safety Sensitive Employee Prior Testing History Release of Information Form**

Note: FMCSA, USCG, records for 3 years; FTA, records for 2 years.

**Sec I. To be completed by the new employer, signed by the employee, and transmitted to Bio-Med Testing Services:**

Employee Name: _____ SSN: _____
I hereby authorize Bio-Med Testing Services, Inc. to receive and release information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that the information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:
<ol style="list-style-type: none"> <li>1. Alcohol tests with a result of 0.04 or higher</li> <li>2. Verified positive drug tests</li> <li>3. Refusals to be tested</li> <li>4. Other violations of DOT agency drug and alcohol testing regulations</li> <li>5. Information obtained from previous employers of a drug and alcohol rule violation</li> <li>6. Documentation, if any, of completion of the return-to-duty process following a rule violation</li> </ol>
Employee Signature: _____ Date: _____

**I-A. Hiring Company Name:** \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**I-B Previous Employer:** \_\_\_\_\_

Previous Job Title: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to Bio-Med Testing:**

NOTE: If the above employee was not subject to Department of Transportation testing requirements while employed by your company, please check here

<b>II-A. In the three years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:</b>	Yes*	No
1. Did the employee have alcohol tests with a result of 0.04 or higher?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the employee have verified positive drug tests?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the employee refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did a previous employer report a drug and alcohol rule violation to you?	<input type="checkbox"/>	<input type="checkbox"/>
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?	<input type="checkbox"/>	<input type="checkbox"/>

\*NOTE: If you answered, "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

**II-B. Name of person providing information in Section II-A:** \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Bio-Med Testing Services Representative: \_\_\_\_\_ Date: \_\_\_\_\_

First Request:
Second Request:
Third Request: