



**REGISTRATION**

FIRST NAME: Craig MIDDLE NAME: Alan LAST NAME: Maness  
DOB: 01-09-1976 SS#: 465-81-1499  
ADDRESS: 13302 County Road 761  
CITY: Arlvin STATE: TX ZIP: 77571  
TELEPHONE #: 832-621-9093  
COMPANY: Zachry REASON FOR VISIT: RANDOM DRUG SCREEN

I acknowledge that the occupational services performed at ProActive are done at my request or at the request of my employer through blood, urine, saliva, hair testing or other occupational services. I also acknowledge that ProActive is a collection facility and the actual testing will be done by a third-party laboratory. I acknowledge and agree that ProActive will report the results of the testing directly to me, my employer, my physician, or a government agency. I consent and authorize that such disclosure may be fax, email, direct courier, mail or any other electronic means. I acknowledge and agree that the services provided and the test results from ProActive will be maintained as confidential, protected health information by ProActive as required by federal and state law.

I acknowledge the results of the testing or examination will become part of my medical record. I also acknowledge that an insurance company may discover the results of this testing by obtaining a copy of my medical record in accordance with the terms of a company's insurance policy.

This authorization is in effect for the visit date (today's date) listed on this authorization form. Each visit requires completion and authorization of a new form.

I have read and agree to all the terms and conditions above.

[Signature]  
Signature

10-12-23  
Date

**CONSENT FOR DRUG OR ALCOHOL TESTING**

I agree to provide ProActive Work Health Services with a sample of my urine, blood, breath or saliva as a specimen to be tested for drugs and/or alcohol to comply with the requirements of my prospective/current employer. I understand that the specimen submitted may only be tested for alcohol, illegal drugs and prescription medications that may affect my work performance or my personal safety and the safety of others. I understand that ProActive Work Health Services acts only as the collection/testing site in accordance with the policy of my prospective/current employer and that I should direct any questions that I might have in regards to this policy, to my prospective/current employer. I agree that I will carefully follow the instructions given to me for the collection of my specimen and I will not tamper with my specimen in any way.

**RELEASE OF INFORMATION**

I understand that the designated employer representative for my prospective/current employer will be notified if:

1. My authorization for testing is presented to the clinic more than 24 hours after it has been issued.
2. I do not present a valid government issued photo identification at the time of collection to the testing site.
3. I attempt to tamper with and/or submit a false specimen.
4. I exhibit improper conduct on the premises of the collection site.

I authorize ProActive Work Health Services to release the results of my drug and/or alcohol test to the designated employer representative of my prospective/current employer.

I acknowledge that I have read and fully understand this document and that I voluntarily signed it before the collection process was initiated.

Prospective/Current Employer Name: Zachry

Craig Maness  
Patient Signature

Craig Maness  
Patient Printed Name

10-12-23  
Date