

EXPLANATION OF POSITIVE TEST RESULT

I the undersigned employee/job applicant of Independent School District No. _____, _____, Minnesota acknowledge receipt of a Notice of Test Results and Various Rights. This includes my right to explain the positive test result on a confirmatory test.

I am currently taking or have recently taken:

G no over-the-counter or prescription medications; or

G the following over-the-counter or prescription medications:

I also offer the following information relevant to the reliability of, or explanation for, a positive test result:

Date: _____

Signature of Employee/Job Applicant

Typed or Printed Name

ELEMENTARY – GAYLORD
625 Harvey Drive
P.O. BOX 356
GAYLORD, MN 55334
(507) 237-5511
FAX (507) 237-3300

BUSINESS OFFICE
202 3RD AVE. N.W.
P.O. BOX 1000
ARLINGTON, MN 55307
(507) 964-8227

Middle School/High School – ARLINGTON
208 West Douglas St.
ARLINGTON, MN 55307
(507) 964-2292
FAX (507) 964-8245