

**ATTENTION: USE THIS FORM FOR EMPLOYEES WHO HAVE A COMMERCIAL DRIVER'S LICENSE (CDL)**

## TESTING INFORMATION SHEET

Date: \_\_\_\_\_

Employer: **SNOHOMISH COUNTY**  
3000 Rockefeller Ave. M/S 610  
Everett, WA 98201

Phone: 425-388-3549  
FAX: 425-388-3499  
Attn: John Navroth

Name: \_\_\_\_\_ Random Number: \_\_\_\_\_

Federal Agency Employee Covered Under: Federal Highway Administration

Drug Screen     Breath Alcohol

**Reason for Testing:**

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Random        | <input type="checkbox"/> Reasonable Suspicion/Cause | <input type="checkbox"/> Follow-up |
| <input type="checkbox"/> Post Accident | <input type="checkbox"/> Return to Duty             |                                    |

Time notified: \_\_\_\_\_ AM/PM  
(To be filled in by Supervisor)

Check-in time: \_\_\_\_\_ AM/PM  
(To be filled in by Clinic and FAXED to  
John Navroth upon completion)

\_\_\_\_\_  
Supervisor Print Name

**IMPORTANT! EMPLOYEE MUST BRING THIS FORM WITH PICTURE I.D.  
AND REPORT PROMPTLY TO:**

HealthForce Occupational Medicine  
3726 Broadway, Suite 101  
Everett, WA 98201  
(425) 259-0300

OR:

HealthForce Occupational Medicine Paine Field  
11001 31<sup>st</sup> Place W.  
Everett, WA 98204  
(425) 267-0299