

# NON-NIDA

**ATTENTION: USE THIS FORM FOR EMPLOYEES WHO DO NOT HAVE A COMMERCIAL DRIVER'S LICENSE (CDL)**

## TESTING INFORMATION SHEET

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

Employer: **SNOHOMISH COUNTY**  
3000 Rockefeller Ave. M/S 503  
Everett, WA 98201

Phone: 425-388-3794  
FAX: 425-388-3579  
Attn: Gregg Ohlsen

Name: \_\_\_\_\_

Drug Screen     Breath Alcohol

### Reason for Testing:

- Random                       Reasonable Suspicion/Cause                       Follow-up  
 Post Accident                       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  
Gregg Ohlsen 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