

UDS REGISTRATION FORM

CORONA

CHINO

Employer's Name _____

Employee's Name _____

Date of Birth ____/____/____ Social Security # ____-____-____

Home Address _____

City/State/Zip _____ Home Phone # (____) ____-____

Cell Phone # (____) ____-____ Message Phone # (____) ____-____

MEDICAL RECORDS RELEASE

I, the undersigned, hereby authorize VISTA Medical Group to provide the above noted employer any information relative to my medical history, physical condition/examination and/or diagnosis. I authorize VISTA Medical Group to examine and copy all medical, laboratory and hospital records.

_____/_____/_____
Signature Date

_____/_____/_____
Witness Date

DRUG AND ALCOHOL CONSENT

I consent to giving a sample of my urine and/or blood and/or saliva and/or breath and/or hair. I authorize VISTA Medical Group to submit any specimens to its designated medical laboratory for testing. I authorize the test results to be released to:

Employer's Name

_____/_____/_____
Signature Date

_____/_____/_____
Witness Date

REFUSAL

I hereby refuse to authorize testing of my urine and/or blood and/or saliva and/or breath and/or hair sample for alcohol or drugs. I understand I cannot complete my pre-employment physical examination without this testing.

_____/_____/_____
Signature Date

_____/_____/_____
Witness Date