

DRUG / ALCOHOL and HIV TESTING ACKNOWLEDGMENT FORM

PRIVACY ACT STATEMENT AUTHORITY: Sections 505, 508, 510, and 3012 of Title 10 U.S. Code and Executive Order 9397.

PRINCIPAL PURPOSE: The requested information on this form will be used to properly process and identify the individual requesting an examination at a Military Entrance Processing Station (MEPS). ROUTINE USE: Record is maintained with other enlistment processing records. DISCLOSURE: Voluntary; refusal to provide required data could result in denial of enlistment.

General Information:

1. By my signature below, I acknowledge that I have been informed that all statements herein apply to medical/administrative processing as performed by USMEPCOM or other USMEPCOM-designated organization or agency. Examination processing includes drug testing consistent with Department of Defense (DoD) and USMEPCOM policy, and may include, without limitation, testing for alcohol and all drugs specified by DoD policy. Medical examinations also include various blood testing in accordance with DoD and USMEPCOM policy, including tests (protein antibody, viral antigen or nucleic acid) for the presence of the Human Immunodeficiency Virus (HIV). If I am processing for a position outside of the DoD, I understand that other processing rules or standards may apply.

2. I hereby consent: to submit to a breathalyzer and lab testing, including without limit, urine drug testing, urinalysis, pregnancy testing, and other lab testing, including HIV testing; to the collection and forwarding of any specimen(s) to the applicable testing laboratory; and, to the reporting/release of results to all parties as defined in USMEPCOM policy. If I fail or refuse to provide the necessary sample(s), I understand that this may cause a delay and/or cessation of further processing.

3. I understand that I am required to verify accuracy of information on testing documents and my unique identifying number. If I sign documents or initial specimens with incorrect information without challenging them or leave the Military Entrance Processing Station (MEPS) without filing a formal complaint with the MEPS Commander or other MEPS officer(s), I acknowledge that I accept the results without further rebuttal.

4. I understand that I may be notified by mail of the positive test result(s), and I am responsible for providing an accurate, current mailing address for receipt of such notification. If I am a minor, I understand that positive test results will be forwarded to my parent or guardian in accordance with USMEPCOM policy. If I am currently a member of the Armed Forces, the MEPS Commander will notify my chain of command of test results.

5. I understand that if I do not receive notification by mail of positive test results, I cannot assume that my test results are negative; also, due to the nature of the testing sensitivity and protocols, a negative test does not necessarily mean that no drug or drug metabolite was found or that the Human Immunodeficiency Virus is not present.

6. All test results are recorded on my medical examination and in MEPS computer records. MEPS will not remove drug/alcohol or HIV results from computer records or medical forms, regardless of circumstances.

Drug / Alcohol Testing General Information:

7. As a part of my processing, I must provide a sample under direct observation by a MEPS employee. I understand that if I cannot provide a sample today, I must provide a sample within three (3) MEPS working days or I will be temporarily disqualified for 180 days.

8. If I am processing for a position with the DoD, and if I were to test positive for any drug or drugs, I understand that a positive test constitutes use of that substance and that:

1. I will be found disqualified for military service in accordance with DoD and USMEPCOM policies; the Services may elect to enforce stricter disqualification policies.

2. I will have actions taken on my file based upon the positive results, even if a specimen were collected when not specifically required.

3. I will be disallowed to continue processing for any Service for a specified period of time or permanently in accordance with DoD and Service standards; my sponsoring Service may inform me if and when I may become eligible to provide subsequent specimen(s) for drug testing.

HIV Testing General Information:

9. The HIV test is not a test for AIDS (Acquired Immune Deficiency Syndrome). A positive HIV test indicates that a person has been exposed to the HIV (virus); only the person's doctor can determine if the person has illnesses and findings of AIDS.

10. If I have an initial Positive or Indeterminate HIV result, I understand that my name, biographic data and test result will be reported to the State Health Department (based upon my home state of record). If I have an initial HIV Positive or HIV Indeterminate result, I will be offered additional repeat testing. If the repeat test result is negative, the State Health Department also will be notified of the repeat result.

Note: An HIV Indeterminate result means that your test was not HIV Positive, nor was it HIV Negative; the result is considered inconclusive and a repeat test is strongly recommended.

11. If a needle stick injury (or other bloodborne pathogen exposure) occurs while my blood is being collected and processed, I authorize USMEPCOM to test my blood for Hepatitis B virus (HBV), Hepatitis C virus (HCV) and Human Immunodeficiency Virus (HIV) at a local laboratory at government expense. I understand that I will be required to provide a second blood specimen to continue examination processing.

I understand that this document applies to any specimen(s) provided from this date forward. I acknowledge that I have carefully read this document and fully understand its contents. I acknowledge that my signing of this form is voluntary and without any coercion by anyone. My signature indicates that I understand the drug/alcohol and HIV testing requirements, use of all results, and consequences of positive results.

Print First, Middle, and Last Name

Social Security Number

Date

Signature