

REPORT OF PAST DRUG AND/OR ALCOHOL TEST RESULTS

To: Crete Public Schools ("School District")
 From: _____ [Insert name of Company submitting results]
 Re: _____ [Insert Driver/Applicant's name]
 _____ [Insert Driver/Applicant's Social Security Number]
 _____ to _____ [Insert "Relevant 2 Year Period" dates]

In accordance with the DOT regulations, School District's request, and the Driver/Applicant's Consent, the Company reports the following results of drug and alcohol tests conducted on the above named Driver/Applicant by this Company during the above designated "Relevant 2 Year Period."

(i) Past Alcohol Test Results: " No alcohol tests conducted during relevant period
 Date of Test: _____ " 0.04 or greater " Negative " Refused to be tested
 Date of Test: _____ " 0.04 or greater " Negative " Refused to be tested

(ii) Past Drug Test Results: " No drug test conducted during relevant period
 Date of Test: _____ " Verified Positive " Negative " Refused to be tested
 Date of Test: _____ " Verified Positive " Negative " Refused to be tested

(iii) Refusals to Submit: (Note: Refusals to submit include verified adulterated or substituted drug tests)
 " No refusal to submit to drug and/or alcohol test during relevant period
 " Refusal to submit to drug and/or alcohol test during relevant period, on the following dates:
 Date of Refusal: _____ Nature of Refusal: _____
 Date of Refusal: _____ Nature of Refusal: _____

(iv) Any Other Violations of DOT Agency Drug and/or Alcohol Testing Regulations:
 " No such violations during period specified
 " Violations occurred during relevant period, on the following dates:
 Date of Violation: _____ Nature of Violation: _____
 Date of Violation: _____ Nature of Violation: _____

(v) Completion of DOT Return-to-Duty Requirements, including follow-up tests:
 " Not Applicable, no violations occurred during period specified
 " Not Applicable, violation(s) occurred during period specified, but Company has no record of successful completion of return-to-duty requirements
 " Documents are attached; violation(s) occurred during period specified, and Employee successfully completed return-to-duty requirements

 Date Name of person completing form (type/print) Title (type/print)