

**REPORT OF PAST DRUG AND/OR ALCOHOL TEST RESULTS**

To: Arlington 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)