

DRUG SCREENING REQUIREMENTS

Name: _____

SSN: XXX-XX-_____

DOB: _____

Accepted Panel Types

- 4 to 7-panel drug screen (or more) is acceptable
- Minimum of 4 panels — fewer will not be accepted
- All results must be **negative**

Standard 4-Panel Screen Covers

- THC (cannabis/marijuana)
- Cocaine
- Opiates
- Methamphetamine

Positive Result Policy

A doctor's note or valid prescription must be submitted to support any positive result
Results without documentation cannot be accepted

STAMP	
 TRUECARE	117 CHURCH AVE BROOKLYN, NY 11218 718-854-8783

Employee Signature : _____

Date: _____

Licensed Professional: _____

License#: _____

Date: _____