



POLICY & PROCEDURE FOR DRUG SCREENING

Drug Screening

A drug screen will be required for students after acceptance into health science programs as a condition for beginning clinical education. Recognized clinical affiliates have agreed to accept a minimum **10 panel drug screen**. Since multiple facilities utilized for clinical experience require a drug screen of all applicants for employment, students rotating in the clinical environment are subject to the same standards.

A positive drug screen will result in the student being excluded from clinical attendance. In this case the student will be counseled to withdraw or will ultimately earn a failing grade based on inability to complete the clinical requirements of the program.

Every student accepted into a program must have a physician authorize the attached form marked "Health Science Student Drug Screen Form." **You may have your private physician perform the drug screen or you may obtain the drug screening through an independent laboratory that offers this service. Drug screening service must involve a certified medical review officer (MRO.)** Some facilities in the area that provide this service are:

Maury Regional Hospital, Northside Office

1600 Nashville Hwy, Columbia, TN 38401

Phone: (931) 540-4270

Drs. Farmer & Kennedy:

854 West James Campbell Blvd, Columbia, TN 38401

Phone: (931) 380-0075

All Screen, Inc:

208 W 5th, Columbia, TN 38401

Phone: (931) 490-6767

Workers Health and Walk-In Clinic

Dr. Caleb Wallwork,
1223 Hatcher Land,
Columbia, TN 38401

Phone: (931) 840-4200

IMPORTANT NOTICES

- **The drug screen must be completed and the results must be on file at Columbia State Community College by the date designated by the program.**
- **The cost of the drug screen is each student's responsibility.**
- **Drug screens typically will NOT be paid by insurance.**



EMS EDUCATION STUDENT DRUG SCREEN FORM

POLICY: "A drug screen is required after acceptance into specific health science programs. Since multiple facilities utilized for clinical experience require a drug screen of all applicants for employment, students rotating in the clinical environment are subject to the same standards."

PHYSICIAN AUTHORIZATION

I request the laboratory to perform a common drug screen on the student listed below.

Physician Signature: _____

Physician Name (printed or typed): _____

Date: _____

STUDENT RELEASE

I hereby grant permission to the physician and/or laboratory to release the results of my **minimum 10 Panel drug screen** to Columbia State Community College. I also grant permission to Columbia State to release the results to clinical affiliate institutions.

Signature: _____ Date: _____

Name (printed or typed): _____

Social Security Number: _____

Address: _____

City, State, Zip: _____

Program to which you have been accepted [Circle]: Paramedic EMT

INSTRUCTION TO THE LAB:

THE TEST MUST BE A MINIMUM 10 PANEL DRUG SCREEN

Columbia State Community College is not responsible for any fees related to student physical exams, blood work, or drug screens. Correspondence regarding fees should be directed to the student. The drug screen results and this form are to be sent to Columbia State Community College.

Please send or fax this form and a copy of the drug screen results from the physician and/or laboratory directly to:

COLUMBIA STATE COMMUNITY COLLEGE

ATTENTION: Deb Heidlebaugh, Health Science Records Clerk

Warf Bldg, RM 109-D
1665 Hampshire Pike
Columbia, TN 38401
Fax: (931) 560-4103