

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

To: Raymond Central 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: \_\_\_\_\_  0.04 or greater  Negative  Refused to be tested  
Date of Test: \_\_\_\_\_  0.04 or greater  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)