



DRUG SCREEN ACKNOWLEDGEMENT FORM

Drug screening may be required to engage in a variety of on-campus and off-campus clinical/fieldwork experiences.

By signing this document, you acknowledge CSU's College of Health drug screen requirements and will adhere to completion as instructed including but not limited to producing documentation of a negative 10-panel drug screen.

CSU Affiliate Printed Name: _____

CSU Affiliate ID Number: _____

CSU Affiliate Signature

Date