



DRUG SCREEN LIABILITY RELEASE COMMUNITY HEALTHCARE WORKER STUDENTS

Southeast Technical College (STC) requires drug screens for all students entering programs in the Health, Human Services, and Veterinary Technician programs. The Community Health Worker (CHW) certificate falls under the Health program. This is to ensure a safe clinical or practicum environment for both students and the public and to meet the contractual requirements of area healthcare facilities. Southeast Technical College understands the student is already working in their role and the employer may not feel it is necessary for the CHW student to take the Non-DOT 5 panel drug test. To remove liability for STC, the direct supervisor of the student can approve the individual is free to opt out of testing. Student and supervisor should agree and sign below and return by email, mail, or fax to Health Records.

Southeast Technical College

Attn: Health Records

2320 N Career Ave

Sioux Falls, SD 57107

Phone: 605-367-6090 | **Fax:** 605-367-6108

Email: health.records@southeasttech.edu

Date _____ Student ID _____

I voluntarily reject taking the Non-DOT 5 panel drug test and release Southeast Technical College, its officers, employees, and agents along with the affiliation sites from any and all liability, loss or damage to myself or facility due to my decision to not undergo the drug screen. In addition to the above, I understand that this may affect future employment if I am to resign or leave my current position and Southeast Technical College is not responsible if I am not offered future employment from not taking the drug screen test while enrolled as a CHW student.

Student Name _____

Student Signature _____

I authorize the CHW student and employee of _____ to reject taking Non-DOT 5 panel drug test and release Southeast Technical College, its officers, employees, and agents along with the affiliation sites from any and all liability, loss or damage to the student or facility due to their decision to not undergo the drug screen.

Supervisor Name _____

Supervisor Signature _____