



COUNTY OF DUPLIN

P.O. BOX 910 • 224 SEMINARY STREET
KENANSVILLE, NC 28349-0910 • TEL. 910-296-2100 • FAX 910-296-2107

Request for Drug Screening

Pre-employment

Random

Post-Accident

Return-to-duty

Reasonable Cause

Random Drug & Alcohol

Date: _____

Applicant / Employee Name: _____

Address: _____

Department: _____

Social Security Number: _____

Present this request along with your county ID or your driver's license to the Duplin County Health Department 340 Seminary St. Kenansville, NC at the date and time shown below:

Date: _____ Time: TODAY between 8AM and 12noon
or the following scheduled time _____

Type of test to administer: Non-DOT _____
DOT (Transportation Only) _____

Signature Authorizing Drug Screening

Title

Date

X:\Drug Screening Form 3-30-10.doc