

## Post-Accident Drug and Alcohol Screen Notice

I, the undersigned employee understand, should I be involved in an accident or sustain an injury while on the job, I will be required to submit to a post-accident drug and alcohol screen as directed by my employer.

Sec 25-5-51 of the Alabama Workers' Compensation Act states in part:

“No compensation shall be allowed if the employee refuses to submit to or cooperate with a blood or urine test as set forth above after the accident after being warned in writing by the employer that such refusal would forfeit the employee's right to recover benefits under this chapter.”

I, the undersigned employee, acknowledge I have read the above statement and understand if I refuse to submit to or cooperate with a post-accident blood or urine test as requested by my employer, I forfeit my right to recover workers' compensation benefits under the Alabama Workers' Compensation Act.

**This constitutes written notice to the undersigned employee as required by Alabama law.**

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Employee Name Printed

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Date

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Employee Signature

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Witness Name

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Witness Signature