

DARE COUNTY SCHOOLS

PHYSICIAN'S CERTIFICATION FOR POLICY 4326

I, _____, certify that I have been notified that

[PHYSICIAN'S NAME]

_____ has tested positive on a random

[STUDENT'S NAME]

drug test administered under the Dare County Board of Education's Random Drug Testing Policy, and that after such notification I have consulted with the student and his/her parent or legal guardian regarding the student's use of alcohol, drugs or controlled substances.

Licensed to practice medicine in North Carolina? _____ Yes _____ No

Physician's Signature

Date

Mailing Address

Phone Number

FAX OR MAIL COMPLETED FORM

TO: Dr. Joseph C. Franz, MRO
Sport Safe Test Service, Inc.
20 Grace Drive
Powell, OH 43065
FAX: (614) 847-0874