REPORT OF PAST DRUG AND/OR ALCOHOL TEST RESULTS

To: Omaha Public Schools ("School District")
From: _____ *[Insert name of Company submitting results]*
Re: _____ *[Insert Driver/Applicant's name]*
_____ *[Insert Driver/Applicant's Social Security Number]*
_____ *to* _____ *[Insert "Relevant 2 Year Period" dates]*

In accordance with the DOT regulations, School District's request, and the Driver/Applicant's Consent, the Company reports the following results of drug and alcohol tests conducted on the above named Driver/Applicant by this Company during the above designated "Relevant 2 Year Period."

(i) Past Alcohol Test Results:
- ☐ No alcohol tests conducted during relevant period

Date of Test: _____ ☐ 0.04 or greater ☐ Negative ☐ Refused to be tested
Date of Test: _____ ☐ 0.04 or greater ☐ Negative ☐ Refused to be tested

(ii) Past Drug Test Results:
- ☐ No drug test conducted during relevant period

Date of Test: _____ ☐ Verified Positive ☐ Negative ☐ Refused to be tested
Date of Test: _____ ☐ Verified Positive ☐ Negative ☐ Refused to be tested

(iii) Refusals to Submit: (Note: Refusals to submit include verified adulterated or substituted drug tests)
- ☐ No refusal to submit to drug and/or alcohol test during relevant period
- ☐ Refusal to submit to drug and/or alcohol test during relevant period, on the following dates:
  - Date of Refusal: _____ Nature of Refusal: _____
  - Date of Refusal: _____ Nature of Refusal: _____

(iv) Any Other Violations of DOT Agency Drug and/or Alcohol Testing Regulations:
- ☐ No such violations during period specified
- ☐ Violations occurred during relevant period, on the following dates:
  - Date of Violation: _____ Nature of Violation: _____
  - Date of Violation: _____ Nature of Violation: _____

(v) Completion of DOT Return-to-Duty Requirements, including follow-up tests:
- ☐ Not Applicable, no violations occurred during period specified
- ☐ Not Applicable, violation(s) occurred during period specified, but Company has no record of successful completion of return-to-duty requirements
- ☐ Documents are attached; violation(s) occurred during period specified, and Employee successfully completed return-to-duty requirements

_____ _____ _____
Date Name of person completing form *(type/print)* Title *(type/print)*