

**APPENDIX B**  
**Purdue University Drug Testing**  
Acknowledgment and Consent Form for Nursing Students –  
Purdue University School of Nursing Student Drug Testing Policy  
Prior to Participation in Clinical Activities

By signing below, I (print name) \_\_\_\_\_,  
First, M.I., Last P.U. ID #

acknowledge that:

- (1) I have received a copy of the Purdue University School of Nursing Student Drug Testing Policy Prior to Participation in Clinical Activities ("Policy"), which explains that a drug test is required with a negative test result before the commencement of clinical activities in the School of Nursing program.
- (2) I agree to be tested for the drugs specified in the School's Clinical Agency agreements.
- (3) If my drug test result is positive, I will be given a reasonable opportunity to confer with a medical review officer before a positive test result is reported to the School of Nursing Office of Student Services, the Office of the Dean of Students, and the clinical site(s);
- (4) In order to be eligible to engage in any clinical activities associated with the School of Nursing, my drug test must be negative; and
- (5) If my drug test is positive, the Policy explains the potential consequences.
- (6) If I am charged with a crime (even if dismissed or test positive for a drug or controlled substance (other than those obtained legally and legitimately during the year, I must submit a revised Annual Background Check and Drug Screen Discloser Form to the office of Student Services within 5 business days of the incident or prior to my next clinical day.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent's Signature (if student is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Witnessed by: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name