CENTRAL MEDICAL REVIEW

840 S. Fairmont Ave. Ste. 2 **(209)-333-1751**
Lodi, CA 95240 **FAX 333-2868**
reports@ohslodi.biz **www.CmrTesting.com**

RANDOM DRUG TESTING PROGRAM ROSTER

1: Please list all persons who will be authorized to receive results of drug tests, and their titles:

_____

2: Please indicate who should receive notifications of testing to be performed (Company Contact). Notification to test should be in keeping with the CMR contractual agreement and DOT regulations.

_____

3: Please provide the following information for all employees holding a commercial driver license who will be involved with driving, maintaining, or loading vehicles which meet the requirements for this program. Contact us at CMR if you do not know whether your vehicles fall under these guidelines. Please save a master copy of this form for changes that may be made in future. CMR will not add/delete any driver without this form.

COMPANY: _____ **DOT number:**_____

NAME First, Middle Initial, Last	SOCIAL SECURITY (optional)	DRIVERS LICENSE	State for Drivers License	EMPLOYEE NUMBER	DATE OF BIRTH	**A**= Add **D**= Delete
	xxx-xx-____					
	xxx-xx-____					
	xxx-xx-____					
	xxx-xx-____					
	xxx-xx-____					
	xxx-xx-____					
	xxx-xx-____					
	xxx-xx-____					
	xxx-xx-____					
	xxx-xx-____					
	xxx-xx-____					
	xxx-xx-____					

SIGNATURE:_____ DATE:_____

Printed name: _____

NO ROSTER CHANGES CAN BE MADE WITHOUT SIGNATURE

Ben G. Watson, M.D., A.A.M.R.O.