

MASTER OF MEDICAL SCIENCE PROGRAM
DEPARTMENT OF ANESTHESIOLOGY
EMORY UNIVERSITY SCHOOL OF MEDICINE

Drug and Alcohol Policy

Students in the Master of Medical Science Program, Department of Anesthesiology, Emory University School of Medicine, must be knowledgeable about and adhere to federal, state, and local laws regarding alcohol and illegal drug use, as well as the alcohol and drug policies of Emory University, as set forth in *Campus Security Policy Section V Emory University Alcohol and Drug Abuse Policy for Faculty, Staff, and Students* (see www.emory.edu/welcome/security) and other University publications.

Due to the nature of the practice of anesthesia, the safety and well-being of patients is every practitioner's first and foremost concern. To this end, physical and/or mental impairment due to drug or alcohol abuse cannot be tolerated. Therefore, any student in whom illegal drug use or alcohol abuse is confirmed will be dismissed from the Master of Medical Science Program and from Emory University. This one-strike policy is in force continuously during enrollment in the Master of Medical Science Program.

The Master of Medical Science Program will arrange for an initial drug screen to be performed during the week of matriculation. Certain clinical rotation sites may require an additional drug screen prior to beginning their rotation. Random drug testing may also be initiated at any time by the Master of Medical Science Program or by clinical rotation sites.

Authorization for Drug Testing and Release of Drug Test Results

I understand that in order to participate in clinical education programs at certain healthcare facilities with which the Master of Medical Science Program, Department of Anesthesiology, Emory University School of Medicine ("Emory") is affiliated, students must consent to drug testing.

I understand that I may refuse to submit to drug testing. I understand that I will not be eligible to participate in clinical education programs offered by Emory if I refuse to consent to testing, if the test results are positive, or if there is evidence (in the opinion of Emory, the clinical education site, or the testing laboratory) that the testing sample was tampered with, substituted, or altered in any way. I understand that being unable to participate in clinical education programs offered by Emory will preclude my continuing in the Master of Medical Science Program which will result in my dismissal from Emory University.

I understand that the tests will detect illegal drugs, other non-prescribed intoxicants, and some prescription drugs. I understand that positive test results caused by the appropriate use of legally prescribed medications will not affect my eligibility to participate in clinical education programs unless such use would cause my participation or performance to be unsafe or unacceptable.

I hereby voluntarily consent to being tested for drugs. I voluntarily consent to testing by any method that Emory deems reasonable and reliable, including blood analyses and urinalysis. I also consent to the release of the test results to Emory and to any agency or facility that is affiliated with Emory as a site for clinical education. I hereby waive any privilege concerning my drug test results for the purposes authorized above, and I hereby release Emory from any and all claims, liability, and damages that might arise from the use and/or disclosure of such information pursuant to this authorization.

Signature

Date

Print Full Name

Social Security Number