

**Division of Health Sciences
Drug / Alcohol Policy**

Reasonable Suspicion / Testing Form

Remember: Reasonable suspicion testing must be based on observations concerning the student's appearance, behavior, speech or body odor.

Name of Student _____ Date _____

Location _____

Observer _____ Date Observed _____ Time _____

Second Observer (required) _____

Check the appropriate boxes:

- Student is reporting for clinicals.
- Student is already in clinicals.

Put a check mark by the behavior observed:

Appearance: Confused/Disoriented _____ Hair/Clothing _____ Dishelved/Unkept _____ Wearing sunglasses _____

Other: _____

Movement: Difficulty Walking _____ Difficulty grasping/holding objects _____ Difficulty sitting down/standing _____

Other: _____

Motor Skills: Trembling/Shaking _____ Restless/Agitated _____ Slow or exaggerated moves _____ Inattentive/Drowsy _____

Other: _____

Odor on Breath/Body/Clothing: Alcohol _____ Marijuana _____ Just used mouthwash/mints/gum/etc. _____

Facial Appearance: Red/Flushed _____ Sweaty _____ Puffy _____ Pale _____ Runny nose/Sores on nostrils _____

Other: _____

Eyes: Red/Watery _____ Pupils Large/Small _____ Inability to focus _____ Gaze is glassy/blank/horizontal _____

Speech: Loud _____ Profane _____ Threatening/Hostile _____ Slow/Slurred _____ Rambling _____ Incoherent _____

Actions/Performance: Inappropriate responses to questions _____ improper job performance/Insubordination _____

Other Comments: _____

Based on the above, I have determined that reasonable suspicion exists to send _____ for a _____
drug and alcohol test [or](#) [urine test](#) or [breathalyzer test](#).

Signature: _____ Date: _____ Time: _____ Phone #: _____