



FDNY BUREAU OF HEALTH SERVICES

**CANDIDATE SUBSTANCE TESTING QUESTIONNAIRE
BHS FORM 4**

CANDIDATE INFORMATION

Name (Last, First):	Last Four Digits of Social Security:	Date of Birth (MM/DD/YYYY):	Civil Services Title:
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SUBSTANCE TESTING QUESTIONNAIRE

INSTRUCTIONS

You are instructed to provide a urine specimen for drug and/or alcohol testing and to complete this questionnaire. All answers to the questions contained in this Substance Testing Questionnaire must be truthful and complete to the best of your knowledge. All answers must be printed. If you have no item to report in response to a question, check the "Nothing to Report" Box. If you require additional pages to respond to any question, you may request such pages from BHS Testing personnel. Your failure to fully and accurately complete this questionnaire will result in your disqualification.

If you test positive for an unauthorized substance, you may be subject to disqualification, and will receive a Notice of Proposed Disqualification from the FDNY. The FDNY shall retain all specimens determined to be positive.

QUESTION 1: Below list all medications (including prescription and over-the-counter) and dietary supplements that you have taken during the last seventy-two (72) hours. **NOTHING TO REPORT**

QUESTION 2: Below list all substances containing alcohol that you have consumed within the last twenty-four (24) hours. **NOTHING TO REPORT**

QUESTION 3: Below list all foods that you have consumed within the last twenty-four (24) hours. **NOTHING TO REPORT**

I have read and understand the instructions contained in this Substance Testing Questionnaire. I understand that if I make a statement that I know is false or if I knowingly omit a response to any question, I will be subject to disqualification.

Candidate Signature: _____ Date: _____