

# Confirmation Statement

**This Confirmation Statement, when completed in its entirety, meets the testing requirements of the Workplace Substance Abuse Program Article.**

Please email this completed form to the SRS Badge Office at: [Badgeoffice@srs.gov](mailto:Badgeoffice@srs.gov)  
We recommend encrypting this document.

SUBCONTRACTING COMPANY: \_\_\_\_\_

Subcontractor Employee's SSN: \_\_\_\_\_

Subcontractor Employee's First, Middle and Last Name:  
\_\_\_\_\_

## DRUG TESTING CONFIRMATION

*This is to certify that the subcontract employee named above tested Negative on \_\_\_\_\_ for  
Drugs. Date*

\_\_\_\_\_  
Medical Review Officer (MRO) (Print Name & Title):

\_\_\_\_\_  
Medical Review Officer (MRO) Address:

## ALCOHOL TESTING CONFIRMATION

*This is to certify that the subcontract employee named above tested Negative on \_\_\_\_\_ for  
Alcohol. Date*

\_\_\_\_\_  
Medical Review Officer (MRO) (Print Name & Title):

\_\_\_\_\_  
Medical Review Officer (MRO) Address: