



HEALTH CARE INFORMATION TRANSFER FORM

Student required to present a certificate of drug testing

An education provider or a higher education institution can require a student to present a certificate of drug testing on the basis of

Vocational Education Act (630/1998, section 34a), Vocational Adult Education Act (631/1998), section 11(4), Universities of Applied Sciences Act (932/2014, section 36), Universities Act (558/2009, section 43d), Government Decree on Drug Testing (218/2005, section 4)

Students name:	Personal identity code:
Photo identification:	<input type="checkbox"/> Yes <input type="checkbox"/> No*

** if the student is unable to present photo identification, he or she must be accompanied to the test by a representative of the education provider, higher education institution, training organisation or work placement provider who can reliably confirm his or her identity*

Grounds for requiring a certificate of drug testing:

<input type="checkbox"/> Suspected of being under the influence of a controlled	<input type="checkbox"/> Substance suspected drug addiction
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Description of when the suspicion arose:

Location: _____ Time: _____ Date: _____

Person who assessed the student*: _____ Telephone number: _____

** A representative of the education provider, higher education institution, training organisation or work placement provider*

Date: ___ / ___ 20___

Signature:



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INTOXICATION ASSESSMENT:

Speech: <input type="checkbox"/> Clear <input type="checkbox"/> Unclear	Conversational responsiveness: <input type="checkbox"/> Good <input type="checkbox"/> Poor	Orientation: <input type="checkbox"/> Good <input type="checkbox"/> Poor
Walking: <input type="checkbox"/> Steady <input type="checkbox"/> Unsteady	Reactions: <input type="checkbox"/> Normal <input type="checkbox"/> Slow	Smells of alcohol: <input type="checkbox"/> No <input type="checkbox"/> Yes
Appearance: <input type="checkbox"/> Calm – in control <input type="checkbox"/> Sleepy	<input type="checkbox"/> Euphoric – frantic <input type="checkbox"/> Defiant	<input type="checkbox"/> Anxious <input type="checkbox"/> Teary
Physical symptoms: <input type="checkbox"/> None <input type="checkbox"/> Shaky	<input type="checkbox"/> Restlessness <input type="checkbox"/> Vomiting	<input type="checkbox"/> Sweating

Description of reduced functional ability:

The referred student was performing the following duties:

Representative of referring education provider or higher education institution:

Name:

Telephone number:

The student was referred to the health care service for drug testing on:

Time and date:

Name of the health care unit:

Name of the accompanying person, if applicable:

The original copy of this document is retained by the education provider or higher education institution. One copy is issued to the student and one copy is retained by the health care unit.

Date: ___ / ___ 20___ **Time:** _____ **Place:** _____

Signature of the person who performed the intoxication assessment:
