

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____ hereby provide consent to
Employee Name
Ozark Foothills Industrial Medicine Clinic (OFIMC) to conduct a limited query of the Federal Motor Carrier Safety Administration (FMCSA) Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by *OFIMC* indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to _____ without first obtaining additional
Company/Facility Name
specific consent from me. I further understand that if I refuse to provide consent for *OFIMC* to conduct a limited query of the Clearinghouse, _____
Company/Facility Name
must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

This consent is valid until _____

Print Employee Name

DOB

Employee Signature

Date

CDL #

State Issued

Email

Phone #