



REHAB IS FOR THE BRAVE

DRUG TEST RESULTS FORM

Name of resident being tested: _____

Date: _____ Time of test: _____

DRUG NAME	POSITIVE	NEGATIVE
Amphetamine		
Methamphetamine		
Opiates		
Cocaine		
THC		
Benzodiazapines		
MTD Methadone		
MDMA		
Alcohol		

I, Facilitator _____, took a urine sample

from _____ at _____

Time: _____

Date: _____

Place: _____

The sample was given by the resident on his/her own free will and accord. The reading was taken 5 minutes after immersion, as per the agreed method.

The undersigned witness was with me at the time of taking the sample:

Witness:

Name: _____

Signed: _____

The resident hereby acknowledges the results of the test as indicated in the table above.

Signed: _____

