

County of Los Angeles  
Chief Executive Office – Occupational Health Programs

**PRE-TEST DECLARATION FORM**

**Instructions to Supervisor:**

Have the employee complete and sign this form.

Employee Name: \_\_\_\_\_

Have you ingested or inhaled any illegal substance within the last ten (10) days?

( ) No

( ) Yes Date(s) of use \_\_\_\_\_ Substance \_\_\_\_\_

Date(s) of use \_\_\_\_\_ Substance \_\_\_\_\_

Please provide a reliable telephone number for contact or message and your mailing address.

( ) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information provided above is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cc: Copy to Employee  
Original faxed by County department to OHP