

**STAFF DECLARATION OF FITNESS FOR DUTY  
FOLLOWING PRE-SCREEN NON-NEGATIVE TEST**

In your case, an unconfirmed/non-negative test result has been detected after you have declared that you are on medication that may influence the result.

Your immediate manager must now make a determination as to whether you are fit for duty.

You may only return to the workplace if you are of the belief that you have a legitimate reason that a particular prescription substance (or non-prescription substance) either specified or unspecified in the Alcohol and Other Drugs policy and procedure has been the cause of the initial non-negative/unconfirmed result and you provide the following signed declaration:

*I believe that the initial screening drug test performed on an oral fluids/urine sample provided by me on ..... (date) which has produced an unconfirmed/non-negative result is the sole result of my having consumed a pharmaceutical medication/non-pharmaceutical substance.*

*I further declare that the substance that I have consumed is a pharmaceutical/medication and I have taken that product directly in accordance with the instructions provided to me by my General Practitioner (or other Clinician) and/or the manufacturer's instructions.*

*I declare that the substance that I have referred to above is.....  
..... (optional).*

*I understand that I am declaring myself completely fit to return to the workplace to perform normal duties and that in the event that the confirmatory results that will be returned from the laboratory determine results that are contrary to the Alcohol and Other Drugs Testing policy and procedures that I may be subject to disciplinary action as detailed in the said policy and procedures.*

**Employee Name:** .....

**Signature:** .....