

Cardinal Criminal Justice Academy  
Applicant Report for Mandatory Drug Testing

**PHYSICIAN'S CERTIFICATION FOR MANDATORY DRUG TESTING**

This is to certify that I, \_\_\_\_\_, a licensed Medical Doctor within the \_\_\_\_\_  
(Physician's Name)  
Commonwealth of Virginia, have performed a drug screening procedure on applicant

\_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_. This individual is a candidate for  
criminal \_\_\_\_\_  
(Applicant's Name)  
justice training at the Cardinal Criminal Justice Academy, and required to have successfully demonstrated that there

is **no presence of illegal drugs** within his/her system. This testing procedure was conducted at:

\_\_\_\_\_  
(Location Where the Examination Was Conducted)

Based upon my review of this candidate I report the following:

Type of drug screening procedure conducted: \_\_\_\_\_

Controlled substances tested for: \_\_\_\_\_

Results of drug screening for this applicant were:

**G** Negative **G** Positive

Controlled substances found were: \_\_\_\_\_

Can you render an opinion as to the most recent use of controlled substances by this applicant, if so what is that  
time frame? \_\_\_\_\_

Provide any and all medical explanations for this positive result: \_\_\_\_\_

Other relevant commentary: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PROVIDE ORIGINAL LAB REPORTS AND OTHER RELEVANT DOCUMENTATION  
INDICATING FINAL TEST RESULTS. THIS INFORMATION IS NOT TO BE GIVEN TO THE  
APPLICANT. ALL DRUG SCREENING AND MEDICAL TEST RESULTS ARE TO BE MAILED TO:**

**DIRECTOR, CARDINAL CRIMINAL JUSTICE ACADEMY, 917 CENTRAL AVE, SALEM, VA 24153**