

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