

## Forms for Medical – DOT

Please fill out the following forms in their entirety and follow instructions as to where they are sent or taken. For questions, please call Staffing Administration – HQSBI at 713.324.5300.

**Forms A, B, C & E should be faxed within 24 hours of receiving. Drug test must be taken by January 4, 2012.**

- **Form A –DOT Drug Screen Informational Sheet**
  - Employee is required to fill out form
  - Employee is required to fax this form to HQSBI at 713.324.3737 or email StaffingAdministration@coair.com
  
- **Form B –DOT Self-Disclosure**
  - Employee is required to fill out form
  - Employee is required to fax this form to HQSBI at 713.324.3737 or email StaffingAdministration@coair.com
  
- **Form C – DOT Medical Questionnaire**
  - Employee is required to fill out form
  - If the answer is yes to any of the questions #2 - #5, have your provider explain through completion of an Absence Certificate and fax to OPCMD at 847.700.2600 along with this document; otherwise, fax this form to HQSBI at 713.324.3737
  
- **Form D – Post Offer Protocol Authorization**
  - Employee is required to fill out form
  - Employee is required to fax this form to HQSBI at 713.324.3737 or email StaffingAdministration@coair.com
  - Employee should contact the nearest Concentra medical facility to confirm location, hours of operation, and determine if they require an appointment
  - Use the following website to locate the Concentra medical facility closest to you: <http://maps.concentra.com/corporate/>
  - Employee is required to bring this form to the medical facility for Drug-Screen
  - Medical facility will keep this form
  
- **Form E –DOT Authorization for Release**
  - Employee is required to fill out form and fax to HQSBI at 713.324.3737 or email to StaffingAdministration@coair.com



**UNITED AIRLINES INFORMATIONAL SHEET FOR DRUG AND ALCOHOL TESTING FOR SAFETY-SENSITIVE POSITIONS**

I understand that the FAA requires airlines to conduct pre-employment drug testing, which consists of a urinalysis of individuals applying for or transferring into safety-sensitive positions. I understand that my urine specimen will be tested for the following drugs: cannabinoids (marijuana), cocaine, opiates, PCP, and amphetamines. I understand that any offer made to me of a safety-sensitive position as defined by FAA Regulations will be contingent upon my passing a drug test.

I also understand that if placed in a safety-sensitive position, and if appropriate circumstances exist, I will thereafter be subject to post-accident, random, reasonable cause, return to duty, and follow-up drug and/or alcohol testing.

I understand that my refusal to submit to required testing is grounds for discharge. I also understand that failure to report for a required test or engaging in conduct which obstructs the testing process will be considered a refusal to submit to a test.

Within the past two (2) years, have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the U.S. Department of Transportation and/or its agencies drug and alcohol testing rules?

**YES**

**NO**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

**Please fax to:** United Airlines HQSBI at 713.324.3737 or email [StaffingAdministration@coair.com](mailto:StaffingAdministration@coair.com)



**TO BE COMPLETED BY EMPLOYEES APPLYING FOR, TRANSFERRING, OR RETURNING TO POSITIONS SUBJECT TO DOT DRUG AND ALCOHOL TESTING**

**PRINT Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

Please answer the following questions:

1. Have you ever tested positive on or refused a Department of Transportation drug test since Sept.19, 1994?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes,** list name of company or employer and date of test(s) \_\_\_\_\_

2. Have you ever tested positive on or refused a Department of Transportation alcohol test since Jan.1, 1995?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes,** list name of company or employer and date of test(s) \_\_\_\_\_

3. Have you ever been Permanently Barred (two positive and verified drug tests or two alcohol test results of 0.04 or greater) from the performance of safety-sensitive job functions by an employer or company under Federal Aviation Administration (FAA) drug/alcohol regulations?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes,** list name of employer or company, date of test(s), and job function at time of the Permanent Bar

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, state that all information given by me on this questionnaire is true to the best of my knowledge. In addition, if I marked "Yes" to any of the above questions, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by a company or by my previous employer, listed above to United Airlines Medical Department - WHQMD, 1200 E. Algonquin Road, Elk Grove, IL 60007, Fax number 713-324-3737. I understand that information to be released by a company or by my previous employer is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature	Social Security Number	Date
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Notice to Candidates: If United Airlines is unable to obtain your drug and alcohol testing records from a company or by your previous employer(s) and/or health care provider(s), the conditional offer of employment may be rescinded.

Notice to California Residents:

1. Medical information to be obtained is to be used for the purposes of evaluating employment and benefits.
2. The signer is entitled to keep a copy of this questionnaire.

**Please fax to:** United Airlines HQSBI at 713.324.3737 or email StaffingAdministration@coair.com



**GENERAL INFORMATION**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone \_\_\_\_\_ Address/City/State \_\_\_\_\_

Job Title \_\_\_\_\_

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**Please refer to the job description for the position you have accepted or are returning to with United Airlines in order to complete the following statements and questions. If a job description is not available to you, please contact HQSBI @ 713.324.5300 or email StaffingAdministration@coair.com.**

- 1. I have reviewed the job description and fully understand the various requirements and functions of the position for which United Airlines has given me a conditional offer of employment. Yes\_\_\_ No\_\_\_
  
- 2. Do you currently have any medical restrictions or suffer from any medical condition which may impact or limit in any way your ability to fully and effectively perform the functions of the position listed in the job description? Yes\_\_\_ No\_\_\_
  - o If yes, have your provider explain through completion of an Absence Certificate and fax to OPCMD at 847.700.2600 along with this document
  
- 3. If the job description contains safety-sensitive duties and/or requires the operation or maintenance of any motor vehicles, are you currently taking or have you been prescribed any of the following classes or types of medication: prescription painkillers, tranquilizers or sedatives, diabetes medication (including insulin), or anti-seizure medications? Yes\_\_\_ No\_\_\_
  - o If yes, have your provider explain through completion of an Absence Certificate and fax to OPCMD at 847.700.2600 along with this document
  
- 4. Are you currently taking or have you been prescribed medications that may impact, limit, or impair your ability to fully, safely, and effectively perform the functions of the position listed in the job description? Yes\_\_\_ No\_\_\_
  - o If yes, have your provider explain through completion of an Absence Certificate and fax to OPCMD at 847.700.2600 along with this document
  
- 5. If the job description requires you to drive, operate, or maintain a motor vehicle, do you have any medical restrictions or take any medications which prevent or limit you in any way from holding a state issued driver's license or from operating a motor vehicle? Yes\_\_\_ No\_\_\_
  - o If yes, have your provider explain through completion of an Absence Certificate and fax to OPCMD at 847.700.2600 along with this document

6. Please check one of the following:
- \_\_\_\_\_ A. I am able to perform all of the functions of the job as listed in the description.
  - \_\_\_\_\_ B. I am unable to perform all of the functions of the job as listed in the description.
  - \_\_\_\_\_ C. I am unsure if I am able to perform one or more of the functions of the job as listed in the description.

7. If you selected B or C in the above question, please describe or list the functions at issue.

I hereby certify that all responses and statements provided by me in this questionnaire form are complete and true to the best of my knowledge. I further understand and agree that falsification of the above may be considered sufficient cause for termination of my employment at any time during my employment with United Airlines.

\_\_\_\_\_  
Candidate Signature Date

**Please fax to:** United Airlines HQSBI at 713.324.3737 or email StaffingAdministration@coair.com



**United Airlines**  
**Post Offer Protocol Authorization**  
 (Must Present Photo ID at the Time of Service)

**Note to Medical Vendor:** United Airlines uses LabCorp for lab facilities and FirstLab as the MRO. If you do not have the proper Chain of Custody forms for these companies, please contact FirstLab at 1-800-732-3784 (do not leave a voice message, but return to the FirstLab operator to be redirected); they can explain the process for altering a form and provide account numbers for United Airlines at LabCorp. Please **DO NOT** turn away any United pre-employment candidates!

Employee Name:  
 Social Security Number:  
 Address Code:

**United Staffing Representative - PLEASE INDICATE POSITION APPLIED FOR:**

<u>POSITION</u>	<u>DRUG SCREEN</u>	<u>TESTING</u>
<input checked="" type="checkbox"/> Flight Attendant	DOT-FAA -pre employment	Not Required
<input type="checkbox"/> Onboard Supervisor	DOT-FAA -pre employment	Audiogram/Vision/Tympanogram
<input type="checkbox"/> Aircraft Mechanic	DOT-FAA -pre employment	Audiogram/Vision Titmus
<input type="checkbox"/> Pilot / Flight Instructor	DOT-FAA -pre employment	n/a
<input type="checkbox"/> Dispatch / Load Planner	DOT-FAA -pre employment	n/a
<input type="checkbox"/> Bus Driver	DOT-FMCSA –pre employment	DOT Preplacement
<input type="checkbox"/> Ground/Facilities Mechanic	Non DOT -pre employment	Audiogram/Vision Titmus
<input type="checkbox"/> Ramp Services	Non DOT -pre employment	Audiogram/Vision Titmus
<input type="checkbox"/> Line Station CSR	Non DOT -pre employment	Audiogram/Vision Titmus
<input type="checkbox"/> Hub CSR	Non DOT -pre employment	n/a
<input type="checkbox"/> Salaried and Management	Non DOT -pre employment	n/a
<input type="checkbox"/> Storekeeper	Non DOT -pre employment	n/a
<input type="checkbox"/> Reservations	Non DOT –pre employment	n/a

UA Representative: Jan Hogan  
 Phone Number: 713-324-5300  
 Date:

Copy of Chain of Custody should be faxed to: United Airlines HQSBI at 713.324.3737 or email  
 StaffingAdministration@coair.com

**To order additional Chain of Custody forms, please contact FirstLab at 1-800-732-3784**



**Authorization For Release of Anti-Drug and Alcohol Misuse Prevention Program Information**

Position (circle): **Flight Attendant / Inflight Mgr-Supv / Mechanic / Dispatch / Load Planner / GSC**

**Section I. To be completed by employee:**

Employee Printed or Typed Name: \_\_\_\_\_ Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section II*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section III-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

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

**I-B. – Identify whether you have been employed or applied for a position in the past two years by an employer that is required to conduct drug/alcohol testing for the Department of Transportation.**

\_\_\_\_ No, I have not worked or applied for a company in the past two years that the Department of Transportation required drug/alcohol testing. **FAX TO 713-324-3737 or email StaffingAdministration@coair.com.** Separate form must be used for each company.

\_\_\_\_ Yes, I have worked or applied for a company in the past two years that the Department of Transportation required drug/alcohol testing. (include employer information below) **FAX TO 713-324-3737 or email StaffingAdministration@coair.com.**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

**Section II.** Once section III is completed by the employer **FAX TO 713-324-3737 or email StaffingAdministration@coair.com.**

**Section III. To be completed by the previous employer and transmitted by mail or fax to United Airlines:**

**III-A.** In the two years prior to the date of the applicant's signature (in Section I), for DOT-regulated testing ~

- |   |                           |
|---|---------------------------|
| 1. Did the applicant have alcohol tests with a result of 0.04 or higher?  | YES ____ NO ____          |
| 2. Did the applicant have verified positive drug tests?   | YES ____ NO ____          |
| 3. Did the applicant refuse to be tested?   | YES ____ NO ____          |
| 4. Did the applicant have other violations of DOT agency drug and alcohol testing regulations?                                | YES ____ NO ____          |
| 5. Did a previous employer report a drug and alcohol rule violation to you? <i>If yes – provide previous employers report</i> | YES ____ NO ____          |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?                     | N/A ____ YES ____ NO ____ |

*if yes, transmit appropriate Return-to-duty documentation*

**Name & Title of person providing Section III information:** \_\_\_\_\_

**Phone Contact:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**United Airlines Authorization for Release of Anti-Drug and Alcohol Misuse Prevention Program  
Information Directions:**

Circle position – Flight Attendant.

**Section I:**

1. Employee must print their name and social security number or ID number.
2. Employee must sign and date.

**Section I – A Nothing required to be filled out.**

**Section I – B**

- If employee **HAS NOT** worked for a company in a safety-sensitive position that is DOT regulated within the last 2 years, please check the “No” or non-applicable line.
- If the employee **HAS** worked for a company (including previous United employee) in a safety-sensitive position that is DOT regulated within the last 2 years, please provide the previous employer’s name, address, phone number, dates of employment and designated employer representative’s name. **NOTE:** A separate form **MUST** be filled out for each past employer. You may not list more than one company on a single form.

DOT regulated positions include (but are not limited to):

- FAA (*Federal Aviation Administration*) : Pilot, Chief Pilot, Flight Manager, Flight Attendant, Onboard Service Supervisors, Mechanic, Dispatcher, Ground Security Coordinator, Flight Instructor, Security Screeners or Air Traffic Controllers.
- FMCSA (*Federal Motor Carrier Safety Administration*) : A person who operates (i.e. drives) a Commercial Motor Vehicle (CMV) weighing 26,001 pounds or greater, or is designed to transport 16 or more occupants (to include the driver); or is of any size and is used in the transport of hazardous materials that require the vehicle to be placarded.
- FRA (*Federal Railroad Administration*) : A person who performs hours of service functions at a rate sufficient to be placed into the railroad’s random testing program. Categories of personnel who normally perform these functions are engineers, conductors, signalmen, operators, dispatchers, and switchmen.
- FTA (*Federal Transit Administration*) : A person who performs a revenue vehicle operation, revenue vehicle and equipment maintenance; revenue vehicle control or dispatch, Commercial Driver’s license non-revenue vehicle operation or armed security duties.
- USCG (*United States Coast Guard*) : A person who is on board a vessel acting under the authority of a license, certificate of registry, or merchant mariner’s document. Also, a person engaged or employed on board a U.S. owned vessel and such vessel is required to engage, employ or be operated by a person holding a license, certificate of registry, or merchant mariner’s document.
- RSPA (*Research and Special Programs Administration*) : A person who performs on a pipeline or liquefied natural gas (LNG) facility an operation, maintenance, or emergency-response function.

**Section II & III**

Do not fill in these areas. If you inadvertently fill this out, please ask for a new form.