

**Piedmont Technical College  
Division of Health Sciences  
Drug / Alcohol Policy  
Reasonable Suspicion / Testing Form**

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

Observer \_\_\_\_\_ Date Observed \_\_\_\_\_ Time \_\_\_\_\_

Second Observer (required) \_\_\_\_\_

Date observed \_\_\_\_\_ Time \_\_\_\_\_

Check the appropriate boxes:

Student is reporting for clinicals.

Student is already in clinicals.

**Put a check mark by the behavior observed:**

**Appearance:** Confused/Disoriented ( ) Hair/Clothing ( ) Unkempt ( )

Other: \_\_\_\_\_

**Movement:** Difficulty Walking ( ) Difficulty grasping/holding objects ( )

Difficulty sitting down/standing ( )

Other: \_\_\_\_\_

**Motor Skills:** Trembling/Shaking ( ) Restless/Agitated ( )

Slow or exaggerated moves ( ) Inattentive/Drowsy ( )

Other: \_\_\_\_\_

**Odor on Breath/Body/Clothing:** Alcohol( ) Marijuana( )

Frequent use mouthwash/mints/gum/etc. ( )

Other: \_\_\_\_\_

**Facial Appearance:** Red/Flushed ( ) Sweaty ( ) Puffy( ) Pale( )

Runny nose/Sores on nostrils( )

Other: \_\_\_\_\_

**Eyes:** Red/Watery (  ) Pupils Large/Small(  ) Inability to focus(  )  
Gaze is glassy/blank/horizontal(  )  
Other: \_\_\_\_\_

**Speech:** Loud(  ) Profane(  ) Threatening/Hostile(  ) Slow/Slurred(  )  
Rambling(  ) Incoherent(  )  
Other: \_\_\_\_\_

**Actions/Performance:** Inappropriate responses to questions(  )  
Improper job performance/Insubordination(  )

**Additional Comments:**

**Based on the above, I have determined that reasonable suspicion exists to send**

**(Student's Name)**\_\_\_\_\_ **for a:**

- (  ) drug and alcohol test
- (  ) urine test
- (  ) breathalyzer test.

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

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_