



0513510



### 10 PANEL URINE DRUG SCREEN

TO BE COMPLETED PRIOR TO CLINICAL START

STUDENT NAME: \_\_\_\_\_ STUDENT ID \_\_\_\_\_

PROGRAM: \_\_\_\_\_

<b>10 PANEL URINE DRUG SCREEN</b>		
Date Collected: _____	Date Read: _____	
<b>RESULTS:</b> (Circle One)	Negative	Positive

Health Care Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_

Health Care Provider Printed Name: \_\_\_\_\_

Health Care Provider Contact Information: \_\_\_\_\_

*STUDENT: Please keep a copy for your records.*

Complete and forward to any Student Services Center:

**Burlington Center**  
496 McCanna Pkwy  
Burlington, WI 53105

**Elkhorn Campus**  
400 County Road H  
Elkhorn, WI 53121

**Kenosha Campus**  
3520 - 30<sup>th</sup> Avenue  
Kenosha, WI 53144

**Racine Campus**  
1001 S. Main Street  
Racine, WI 53403