# REPORT OF DOT/FAA-RELATED VERIFIED POSITIVE DRUG TEST
# 14 CFR PART 67 AIRMAN MEDICAL CERTIFICATE HOLDER

As the Medical Review Officer (MRO), for the company listed herein, in compliance with the provisions of 14 CFR Part 120, I am notifying you of a verified positive test result on the following individual who holds an airman medical certificate issued pursuant to 14 CFR Part 67.

Company Name: _____

Airman's Name: _____ Position or Position Applied For:_____

Airman's Social Security Number: _____ Date of Birth: _____

Type of Test:

☐ Pre-Employment  ☐ Random  ☐ Post-Accident  ☐ Reasonable Cause  ☐ Return-to-Duty  ☐ Follow-Up

Date of Drug Test Collection: _____

Test received by MRO from _____ on _____.
                                      laboratory name and city                        date

Date verified as a positive drug test result by MRO: _____

Verified Positive result(s) for the following prohibited drugs (as defined in 49 CFR § 40.85):

    ☐ Marijuana metabolites  ☐ Cocaine metabolites  ☐ Amphetamines  ☐ Opioids  ☐ Phencyclidine

Date Company Management notified of verified positive test result by MRO: _____

☐ Testing of split specimen NOT requested.  ☐ Date split specimen testing requested: _____

Split specimen forwarded for testing to _____.
                                           laboratory name and city

Date split specimen test result received: _____

    ☐ Reconfirmed the presence of the drug or drug metabolite(s).
    **OR**
    ☐ I have not yet received the split specimen test result. I will forward it to the Federal Air Surgeon upon receipt.

I have enclosed the following:
    ☐ Copy 1 of the custody and control form (or the laboratory report of the positive result)
    ☐ Copy 2 of the custody and control form
    ☐ Split specimen test result (if split testing was requested)
    ☐ All other supporting documentation


_____  _____
Medical Review Officer Signature                                   Date

_____ ☎ _____
Printed Name                                       Telephone Number

Please submit this form to the FAA's Drug Abatement Division, Special Investigations Branch:

Email to **aam830@faa.gov**    OR    Fax to **(202) 267-5200**

For more information on the FAA drug and alcohol testing program, please visit:
**http://www.faa.gov/go/drugabatement**