

**REPORT OF 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 121, Appendix I, 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 Periodic Random Post Accident Reasonable Cause 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 Cannabinoids -THC Cocaine Metabolites Opiate
 Amphetamines 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 custody and control form copy 1 (or the laboratory report of the positive result);
 copy 2 of the custody and control form; the split specimen test result (if split testing requested);
 any other supporting documentation.

Medical Review Officer Signature Date

Printed Name  Phone Number

Mail to: FAA/Drug Abatement Division, AAM-800, Room 806, 800 Independence Avenue, SW, Washington, DC 20591 OR Fax to: (202) 267-5200 (secure fax)