



**SAN JOAQUIN COUNTY - SUPERVISOR REFERRAL
FOR NON-DOT - REASONABLE SUSPICION - DRUG/ALCOHOL TESTING**

To: Healthcare Facility _____

Employee/Job Title

Name: _____

Employee ID Number: _____ Date of Birth: _____

Department/Division: _____

Date of Referral: _____ Time: _____ AM/PM

The supervisor is to present this form to: (Check one of the boxes)

Trinity Urgent Care & Occupational Health

1200 Trinity Parkway, Suite 204, Stockton, CA 95219

Telephone Number: 233-3004

Hours: Monday through Friday - 8:00 AM to 5:00 PM

After 5:30 PM and on weekends take employee to:

St. Joseph's Medical Center - HealthCare Clinical Laboratory within the hospital

1800 North California Street - 1st Floor adjacent to the Lobby, Stockton, CA 95204

Telephone Number: 467-6330 - **(this facility can administer a breathalyzer test)**

Name/Title

of Referring Supervisor: _____
(Manager) Print & Signature (Date)

Telephone Number: _____

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**NOTE TO HEALTHCARE FACILITY
RESULTS OF THIS DRUG/ALCOHOL TEST ARE TO BE SENT TO:
San Joaquin Risk Management
sjcriskmgmt@sjgov.org and lpearson@sjgov.org
or
fax (209) 953-7330**