**Lakeview College of Nursing Drug Policy
 Reasonable Suspicion Reporting Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of Staff Member], pursuant to the reasonable suspicion clause that is outlined in the Lakeview College of Nursing Drug Policy at paragraph VII(A)(3), report the following objective sign(s), symptom(s) or behavior(s) that I believe warrant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of Student] be drug tested. The following sign(s) or behavior(s) were observed by me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Date(s)], at approximately \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Time(s)].

**The following checklist of behaviors is not all-inclusive. Please report any additional relevant observations in the space provided following the checklist. Please check all that apply:**

**The student has shown:**

\_\_irritability

\_\_conflict with peers

\_\_loss of temper

\_\_poor motivation

\_\_verbal outbursts (e.g. to faculty, staff, peers)

\_\_emotional outburst (e.g. crying)

\_\_sloppy hygiene and/or appearance

**The student has been:**

\_\_late for lab

\_\_late for class

\_\_late for clinical

\_\_not attending class

\_\_receiving poor grades

\_\_staying up late

\_\_missing appointments

\_\_missing/skipping meals

**The Student has demonstrated the following:**

\_\_dilated pupils

\_\_constricted pupils

\_\_red eyes

\_\_smell of alcohol on breath

\_\_smell of marijuana

\_\_staggering or difficulty walking

\_\_constantly running and/or red nose

\_\_recurrent bouts of health issues (give dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

\_\_falling asleep at a clinical site

\_\_over stimulated or “hyper”

\_\_excessive talking

\_\_withdrawn and/or less communicative

\_\_periods of memory loss

\_\_slurred speech

\_\_failure to follow direction resulted in a med error or adverse outcome

\_\_failure to make faculty aware of possessing or being on drugs or medications at a clinical site

\_\_recurrent violations of Lakeview College of Nursing Student Code of Conduct

Other specific objective findings include:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have reviewed and understood the Lakeview College of Nursing policy regarding strict confidentiality of student educational records. I recognize that this report constitutes a student education record, and must be kept in strict confidence. Accordingly, I will deliver this report to the Dean in confidence, and I will not under any circumstances divulge the existence or contents of this report to any other person.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature Date:

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Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Dean of Nursing Date

\_\_\_ Reasonable suspicion finding upheld

\_\_\_ Reasonable suspicion finding denied