



**THE CITY OF STUART
AUTHORIZATION FOR COTININE SCREENING**

I have been informed and understand that the City of Stuart is a tobacco and vaping-free workplace. As a condition of this initiative, the City of Stuart will restrict the use of tobacco products and vaping on City property and in City facilities. Additionally the City of Stuart may offer health insurance premium discounts to all employees that have been tested as cotinine-free. *Cotinine is a product formed after the chemical nicotine enters the body *CDC.gov.*

Testing is voluntary as attested below. If testing indicates positive as a cotinine-user, I understand that I can attend a certified cessation and rehabilitation program designed specifically for tobacco and vaping users. Upon completion, I may be eligible for the same premium discount as offered to non-users in the following fiscal year.

This provision and its conditions afforded to me must be renewed on an annual basis as offered by the City.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

I do not wish to be tested at this time, and I understand I will not be eligible for the best health insurance premium rate unless I attend a certified cessation and rehabilitation program as described above.

I consent to submit to a cotinine screening urine test.

Employee's Printed Name: _____

Employee's Signature: _____ Date: _____

Title: _____ Department Name: _____

Printed Name of Witness

Witness's Signature