



**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 - 1<sup>st</sup> 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**