

# Texas Tech University Health Sciences Center

## School of Nursing

### Drug Testing Reasonable Suspicion Reporting Form

I, \_\_\_\_\_, under the reasonable suspicion clause that is outlined in the TTUHSC School of Nursing Faculty or Staff Member in the TTUHSC School of Nursing Drug Testing Policy (SON OP 60.115), report the following objective sign(s), symptom(s) or behavior(s) that I reasonably believe warrant \_\_\_\_\_ be referred to the School of Nursing Department Chair or Program Director for possible drug testing. The following sign(s), symptom(s) or behavior(s) were observed by me over the past \_\_\_\_\_ hours and/or \_\_\_\_\_ days.

**Please check below all that apply:**

The Student has shown: <input type="checkbox"/> irritability <input type="checkbox"/> loss of temper <input type="checkbox"/> poor motivation <input type="checkbox"/> failure to follow directions <input type="checkbox"/> verbal outburst (e.g., to faculty/staff/classmates) <input type="checkbox"/> physical outburst (e.g., throwing an object) <input type="checkbox"/> emotional outburst (e.g., crying) <input type="checkbox"/> weight gain <input type="checkbox"/> weight loss <input type="checkbox"/> sloppy hygiene and/or appearance	The Student has demonstrated the following: <input type="checkbox"/> dilated pupils <input type="checkbox"/> constricted pupils <input type="checkbox"/> red eyes <input type="checkbox"/> smell of alcohol on the breath <input type="checkbox"/> smell of marijuana <input type="checkbox"/> staggering or difficulty walking <input type="checkbox"/> constantly running and/or red nose <input type="checkbox"/> recurrent bouts with a cold or the flu (give dates) <input type="checkbox"/> overstimulated or "hyper" <input type="checkbox"/> excessive talking <input type="checkbox"/> withdrawn and/or less communicative <input type="checkbox"/> periods of memory loss <input type="checkbox"/> slurred speech <input type="checkbox"/> recurrent motor vehicle accidents and/or violations <input type="checkbox"/> recurrent violations of TTUHSC Student Code of Conduct
The Student has been: <input type="checkbox"/> late for lab <input type="checkbox"/> late for class <input type="checkbox"/> not attending class <input type="checkbox"/> receiving poor grades <input type="checkbox"/> staying up too late <input type="checkbox"/> missing appointments <input type="checkbox"/> missing/skipping meals	Other specific objective findings include: _____ _____ _____ _____

_____ Print Name of Faculty/Staff	_____ Signature of Faculty/Staff	_____ Date
Reviewed By: _____ Associate Dean/Department Chair	_____ Date	
_____ Assistant Dean for Admissions and Enrollment	_____ Date	

Reasonable suspicion finding upheld  
 Reasonable suspicion finding denied

Developed: 2/14/19  
Approved by: TTUHSC SON Executive Council 3/4/19  
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