



# Leave from screening form

This form must be received by us **at least 5 business days before** you plan to take leave

Your name \_\_\_\_\_

What type of screening are you on?

Tick all that apply

Urine drug screening - UDS     EtG screening

Hair drug screening - HDS (Go to Section C)

CDT (Go to Section C)

Why are you taking leave?

Please complete the relevant section below

Travel within Australia  
(Go to section A)

Overseas travel  
(Go to section B)

Health procedure  
(Go to section E)

Other (provide details)

Destination/s \_\_\_\_\_

Dates of travel \_\_\_\_\_

## Section A - Travel within Australia

You must attend for UDS and EtG while you travel within Australia

Can you attend for screening at a Council-approved collection centre while you travel?

Yes →  
You won't need to supply supporting documents if you continue screening

Which centre(s) will you attend?  
\_\_\_\_\_  
\_\_\_\_\_

For screening centres outside of NSW please go to:

<https://www.ahpra.gov.au/Registration/Monitoring-and-compliance/Collection-centres.aspx>

No →

I have attached a letter to explain why I cannot attend for screening

We will contact you about your proposed leave

## Section B - Overseas travel - You do not need to attend UDS and EtG

**When you return** you must supply evidence of travel, such as boarding passes and receipts from your destination **within 5 business days** and you **must** attend screening no later than the **next business day**

Date you will attend for screening on your return: \_\_\_\_\_

**Section C – HDS and CDT** (see section 9 of your participant's procedure)

**When you return** you must supply evidence of travel, such as boarding passes and receipts from your destination **within 5 business days**

**HDS**

If you are undergoing hair drug screening and plan to be absent on the date of your scheduled screening, you must attend before you leave.

Date for early screening \_\_\_\_\_

**CDT**

If you are undergoing CDT screening and plan to be absent on the date of your scheduled screening, you must **contact us before sending us this form** to be given a new screening date.

New screening date advised by Council \_\_\_\_\_

**Section D - Planned health procedure** (see section 9 of your participant's procedure)

**Following your procedure** you need to supply written confirmation from your treating practitioner, including what the procedure was, which substances they advised, prescribed or administered, and when you can return to practice

Planned procedure \_\_\_\_\_

Date of procedure \_\_\_\_\_

Dates you will be unable to screen from: \_\_\_\_\_ to: \_\_\_\_\_

Date you will next attend for screening: \_\_\_\_\_

**Signature**

I certify that this information is true and correct.

Your signature \_\_\_\_\_

Today's date \_\_\_\_\_

**Office use only**

Date of receipt \_\_\_\_\_

Complies with relevant criteria  Yes  No Reason/s \_\_\_\_\_

PO initials and date \_\_\_\_\_

Approval by Council Delegate  Yes  No Reason/s \_\_\_\_\_

\_\_\_\_\_

Council Delegate name, signature and date