An education provider or an institution of higher education may require a student to present a drug testing certificate in accordance with *the Vocational Education Act (630/1998, section 34 a), the Vocational Adult Education Act (631/1998, section 11, item 4), the Universities of Applied Sciences Act (932/2014, section 36), the Universities Act (558/2009, section 43 d) and the Government Decree on Drug Use Testing (218/2005, section 4).* The institution of higher education is responsible for the costs related to the drug testing and issuing the certificate as well as the travel expenses of the student concerned.

1. *Name of the student:* Click here to enter details

2. *Personal identity code:* Click here to enter details

3. *Photo ID:* *Yes* ☐ *No* ☐

   If the student does not have a photo ID, a representative of the education provider, the institution of higher education, the on-the-job learning establishment or the practical training provider who can reliably confirm the student's identity must accompany the student to drug testing.

4. *Grounds for requesting the student to provide a drug testing certificate:*
   ☐ *Suspicion of being under the influence of drugs*
   ☐ *Suspicion of drug addiction*

5. *Suspected intoxication (place, time, date):* Click here to enter details

6. *Name and phone number of the person suspecting intoxication (a representative of the education provider, institution of higher education, on-the-job learning establishment or practical training provider):* Click here to enter details

7. *Assessment of intoxication*

Speech:	☐ *Clear*	☐ *Unclear*
Responsiveness:	☐ *Normal*	☐ *Reduced*
Orientation:	☐ *Normal*	☐ *Reduced*
Walking:	☐ *Steady*	☐ *Unsteady*
Ability to react:	☐ *Normal*	☐ *Delayed*
Smell of alcohol:	☐ *Yes*	☐ *No*
Appearance:	☐ *Calm/controlled*	☐ *Sleepy*
	☐ *Euphoric/hyperactive*	☐ *Aggressive*
	☐ *Anxious*	☐ *Tearful*

Physical symptoms: ☐ *None* ☐ *Tremor*
☐ *Restlessness* ☐ *Vomiting*
☐ *Sweating*

8. *Description of impaired ability to function:* Click here to enter details

9. *The student has been referred for testing regarding the following:* Click here to enter details

10. *Contact details (name, phone number) of the education provider or representative of the institution of higher education requiring the student to present a drug testing certificate:* Click here to enter details

11. *The student has been referred for drug testing in health care*
Place and date: Click here to enter details Click here to enter details
Name of the health care unit: Click here to enter details
Name of the person accompanying the student (if any): Click here to enter details

Time and place: Click here to enter detailsClick here to enter details

Signature

Click here to enter details
Name in block letters

The original document will be kept by the education provider or the institution of higher education. One copy has been given to the student and one will be retained at the health care unit.