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.

1. Grounds for requesting the student to provide a drug testing certificate:

Suspicion of being under the influence of drugs

Suspicion of drug addiction

1. Suspected intoxication (place, time, date): Click here to enter details
2. 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
3. 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

1. Description of impaired ability to function: Click here to enter details
2. The student has been referred for testing regarding the following: Click here to enter details
3. *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
4. 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.