

## **Affidavit Instructions**

Employers are required to report a healthcare practitioner's refusal to submit to a drug test or a positive drug test result in accordance with Tennessee Division of Health Related Boards' Compilation of Rules and Regulations (Rules and Regs.) 1200-10-03 and Tenn. Code Ann. §63-1-126. The form below may be used to create the certifying affidavit of the custodian or other qualified person to comply with the reporting requirements.

When submitting the form, **ensure all blanks are completed**, including the county where the form is executed. The documents required to be submitted in compliance with Rules and Regs. 1200-10-03-.02 may be included as part of a larger document, such as a facility investigation or personnel record and should be *noted* accordingly in statement three (3) of the affidavit.

The report and other information accompanying this report should be submitted to the Department of Health, Office of Investigation, 665 Mainstream Drive, Second Floor, Nashville, Tennessee 37243. **Facsimile copies and electronically mailed copies are not permitted.** *If you have any questions, please call (615) 741-8485 or toll free 1-800-852-2187.*



**AFFIDAVIT OF CUSTODIAN OF RECORDS**  
**OR OTHER QUALIFIED PERSONS**

STATE OF TENNESSEE  
COUNTY \_\_\_\_\_

1. I, \_\_\_\_\_,  
*(printed name of person completing the form)*  
act/am as a custodian of records at \_\_\_\_\_  
*(facility name)*  
in \_\_\_\_\_, \_\_\_\_\_.  
*(city) (state)*

I am eighteen (18) years or older. I have personal knowledge of the facts stated herein and am competent to testify to those facts if called as a witness in court.

2. I certify that the attached is/are record(s) or a data compilation created from records that:  
  
(A) was/were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of and a business duty to record or transmit those matters;  
(B) was/were kept in the course of the regularly conducted activity; and  
(C) was/were made by the regularly conducted activity as a regular practice.

3. I have reviewed the attached documents and certify that they are a true and correct copy of \_\_\_\_\_  
consisting of \_\_\_\_\_ pages and are attached to this affidavit.

4. The documents are submitted in accordance with the Tennessee Department of Health Division of Health Related Boards Compilation of Rule and Regulations 1200-10-03-.02, Reporting Requirements.

Further the Affiant sayeth not.

\_\_\_\_\_  
Signature of Custodian of Records

\_\_\_\_\_  
Date

Sworn to and subscribed before me, the undersigned, a notary public in and for said county and state on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires