



Office of Student Affairs

Dear **Student**,

Greetings in St. La Salle!

De La Salle University adheres and actively responds to the call of the government for a drug-free nation. To support efforts to minimize, if not totally eradicate, the problem of illegal drugs, the University developed an anti-drug use and abuse program called **Lasallians' Fight Against Drugs (LFAD)**, which includes random and mandatory drug testing activities for students. The LFAD program adopts the guiding principles of mandatory drug testing for tertiary students with the primary purpose of determining the prevalence of drug use among students and providing the appropriate interventions for those who tested positive for drug use.

The LFAD Random Drug Testing may be conducted anytime within the academic year and distinct from the random drug testing conducted by the government pursuant to Article III Section C of RA 9165, otherwise known as the *Comprehensive Dangerous Drugs Act of 2002*.


The LFAD Mandatory Drug Testing is conducted as part of admission requirement for incoming students and subsequently incorporated in the Annual Physical Examination (APE) of enrolled students. Specific schedules of the mandatory drug screening shall be determined by the Health Services Office. A contracted DOH-accredited drug testing medical team will collect urine specimen from students on campus.

In view of the foregoing, please be informed that **you are required to undergo drug screening**. Rest assured that the University shall not publish nor post results whether positive or negative. Further, positive results will be treated with utmost care and confidentiality and shall not be used in any disciplinary or criminal proceedings.

Please accomplish the form below and submit it through this [link](#). This form should be uploaded at least five (5) days before the scheduled drug screening.

Thank you for supporting our efforts to make the University a safe space for all.

Very truly yours,

  
**Dr. Christine Joy A. Ballada**  
Dean, Student Affairs

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**DRUG TESTING CONSENT FORM**

I, \_\_\_\_\_, of legal age, taking \_\_\_\_\_  
*(Name of Student)* *(Degree Program)*

with ID Number \_\_\_\_\_, consent to undergo random and mandatory drug screenings and fully abide by the rules and regulations of the DLSU Student Handbook on the Drug Testing Program.

Conforme:

\_\_\_\_\_  
Printed Name and Signature of Student      Printed Name and Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed      Date Signed