



# Adrian Public Schools

PO Box 40, Adrian, MN 56110-0040

District Office  
410 Indiana Avenue  
Phone: 507 483-2266  
FAX: 507 483-2342

Elementary School  
515 Oklahoma Ave  
Phone: 507 483-2225  
FAX: 507 483-2461

Middle/High School  
415 Kentucky Ave  
Phone 507 483-2232  
FAX: 507 483-2375

Roger Graff, Superintendent  
[r.graff@isd511.net](mailto:r.graff@isd511.net)

Russell Lofthus, Principal  
[r.lofthus@isd511.net](mailto:r.lofthus@isd511.net)

Cate Koehne, Principal  
[c.koehne@isd511.net](mailto:c.koehne@isd511.net)

## EXPLANATION OF POSITIVE TEST RESULT

I the undersigned employee/job applicant of **Independent School District No. 511, Adrian, Minnesota** acknowledge receipt of a Notice of Test Results and Various Rights. This includes my right to explain the positive test result on a confirmatory test.

I am currently taking or have recently taken:

\_\_\_\_\_ no over-the-counter or prescription medications; or  
\_\_\_\_\_ the following over-the-counter or prescription medications:

\_\_\_\_\_  
\_\_\_\_\_

I also offer the following information relevant to the reliability of, or explanation for, a positive test result:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Employee/Job Applicant \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_