

CONSENT TO DRUG TEST

I, _____, understand that <your company name here> is a drug-free workplace and that a drug test is or may be a condition of employment.

I agree that if I am offered and accept a position with the company, that I may be required to take a urine or blood test to screen for the use of illegal drugs or alcohol, at any time.

I agree that if I am injured on the job, I may be required to undergo a drug test to screen for the use of illegal drugs or alcohol. I consent to screening at the time medical treatment is sought for any such injuries.

Furthermore, I am aware that these results will become part of my employment record and that positive results can affect whether or not my employment may be continued.

I hereby authorize the release of any and all drug or alcohol screening test results, medical history, physical examination and specimen analysis information to <your company name here>.

I release the company, its employees and agents, and the medical clinic or hospital that performed the tests from any and all liability whatsoever arising out of this request for a urine specimen or blood sample, the testing of the specimen or sample, and decisions made regarding continued employment based on the results of the analysis.

Signature: _____

Date: _____

Witness: _____

Date: _____