

EMPLOYEE DRUG TEST CONSENT FORM

Employee Information	
First Name	Last Name
Employee ID	Email Address

I hereby give my consent to providing collection of the following by the laboratory designated by the Company or its agent for the purpose of drug testing. I understand that the results of the test will be sent to the Company's designated medical representative and shall form part of my employment records.

Collection Sample for Testing	
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I understand that my refusal to provide for urine and/or blood specimen, tampering, or providing false information through the specimen's chain of custody shall be grounds for termination or non-acceptance of my employment.

I understand that my failure to pass the drug test may result in disciplinary action, pending termination or non-acceptance of my employment with the Company, or may require me to participate in a rehabilitation program at the discretion of the Company or as provided for in the company policy.

I hereby release, indemnify, and hold harmless the Company, its employees, directors, and its agents from any liability, loss, or expenses, injury, damage, or claims whatsoever on or about this drug test.

I understand that all information disclosed by and acquired by the company as derived from this test shall be kept confidential and shall solely be used for the purpose described herein.

Signature Date:

Signature: