

DRUG SCREEN AUTHORIZATION AND CONSENT

I hereby authorize and give full permission to have this **company** and/or their medical company physician send a specimen of my urine and/or saliva to a laboratory for screening test using Substance Abuse & Mental Health Services Administration (S.A.M.H.S.A.) (www.samhsa.gov) standards for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription.

I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the tests or as a result of the report of the tests. This includes, but not limited to, possible clerical or laboratory error.

This policy and authorization has been explained to me in a language I understand and told if I have any questions they will be answered about the test. I understand this is a legal and binding document, which is binding because this **company** is sending me for the examinations and paying for it.

I UNDERSTAND THIS COMPANY WILL REQUIRE A DRUG SCREEN TEST WHENEVER AN ON THE JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDING WITH THIS STAFFING COMPANY POLICY AND THIS AUTHORIZATION AND CONSENT. MY REFUSAL TO SUBMIT TO DRUG TESTING WILL BE GROUNDS FOR TERMINATION.

Signature _____

Date _____

Print Name _____