

PRE-EMPLOYMENT DRUG TESTING AGREEMENT

I hereby consent to submit to an urinalysis and/or other tests as shall be determined by **(Clinic Name)** in the selection process of applicants for employment for the purpose of determining substance use.

I agree that **(Clinic Name)** may refer me for collection of these specimens for the tests and forward them to _____ for analysis.

I further agree to, and hereby authorize, the release of the results of said tests to **(Clinic Name)** designated Medical Review Officer (MRO), and from the MRO to the employer. Positive results may be reported to the employer by the MRO.

I understand that the current use of drugs and/or alcohol shall prohibit me from being employed by **(Clinic Name)**.

I further agree to hold harmless this company and its agents _____ **and the Medical Review Officer** from any liability arising in whole or in part from the collection of specimens, testing, and use of the results from said tests in connection with the company's consideration of my application for employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced by anyone to sign this document.

APPLICANT'S PRINTED NAME: _____

APPLICANT'S SOCIAL SECURITY NUMBER: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

WITNESS' PRINTED NAME: _____

WITNESS' SIGNATURE: _____

DATE: _____

