

EMPLOYEE DRUG TEST CONSENT FORM

THIS EMPLOYEE DRUG TEST CONSENT FORM is dated as of _____,
and is executed by _____ (the “Undersigned”).

The Undersigned hereby authorizes _____
(including its agents, affiliates, representatives, designated labs, medical centers and/or
medical facilities, as the case may be) to take a specimen of the Undersigned’s hair, blood, and/
or urine, to determine the presence or absence of the following:

- Alcohol Cocaine
- Cannabis Amphetamines/methamphetamines
- PCP Opiates
- Other: _____

In consideration for the offer of employment and/or the continuation of the Undersigned's employment with _____ (“Employer”), as the case may be, the Undersigned hereby releases Employer, and any other laboratory testing service, its officers, agents, and employees, from any and all claims, causes of action, damages, and liabilities whatsoever, as a result of such results being made so available and disclosed to Employer. Further, the Undersigned hereby covenants and agrees not to file any action or proceeding, whether at law or in equity, against Employer, the laboratory testing service, and their respective officers, agents, or employees in connection with the results of such screen being made so available, and the Undersigned hereby agrees to indemnify and hold harmless Employer, the laboratory testing service, and their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur due to the results of such screen being made so available.

The Undersigned acknowledges that a positive test, refusal to authorize this form, refusal to take the test, or failure to produce a specimen, may result in disciplinary action up to and including termination of employment, to the maximum extent permitted by applicable law.

The Undersigned acknowledges that if the Undersigned is taking a substance pursuant to a lawful prescription, Employer shall have the right to require satisfactory evidence of such prescription.

- This is a one-time authorization and shall automatically expire on the date that is thirty (30) days following the date of execution below.
- This authorization shall remain in effect indefinitely, unless and until revoked by the Undersigned.

IN WITNESS WHEREOF, the Undersigned executes this Employee Drug Test Consent Form as of the date indicated below.



Printed Name: _____
Signature: _____
Date: _____

