

Consent to Employee Drug Testing

I understand that submission to testing for the presence of drugs and alcohol is a condition of employment with the company. I further understand that (1) if I refuse to take the test(s), (2) if I refuse to authorize release of the test results to the Company, or (3) if the test(s) establish a violation of the company's policies concerning 'drug and alcohol use', disciplinary action up to and including discharge may result. In addition, if I was injured on the job and test positive, I will forfeit my medical and indemnity benefits.

By placing my initials in the blanks below, and by signing and dating this form, I consent to take the test(s) and authorize release of any test results to the Company. I understand that I may be placed on temporary leave of absence pending results of said test(s). I understand that should my test(s) results be confirmed positive, I will be subject to disciplinary action up to and including discharge.

By signing this form, I hereby release to the Company the results of the test(s) to which I have consented. I further authorize the Company to discuss the results with the medical personnel/physician collecting the specimen, the testing facility, its directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein, and to use test results as a defense to any legal action to which I am a party.

I further release any testing facility or any physicians who have tested me, from any liability arising from a release of any and all results, written reports, medical records, and data concerning my test(s) to the appropriate Company officials.

I agree to take the following test(s) and to have the results released to the Company:

1. Blood test _____(initials)

2. Urinalysis _____(initials)

Employee's Signature _____ Date _____

Social Security No: _____

Witness's Signature _____ Date _____

I hereby refuse to consent to testing for the presence of drugs and/or alcohol

Employee's Signature _____ Date _____

Social Security No: _____

Witness's Signature _____ Date _____