**PLACE COMPANY**

**LOGO HERE**

**Consent Form: Employee Drug and Alcohol Test**

I understand that the use of drugs, alcohol and other controlled substances in the workplace creates a safety concern for everyone. In the interest of creating a safe working environment, I hereby give my consent for {INSERT COMPANY NAME} to conduct the drug and alcohol tests it considers necessary as outlined in the company’s Employee Drug and Alcohol Test policy.

I authorize {INSERT COMPANY NAME} to take the necessary specimens from me to test for drugs, alcohol and other controlled substances, and I authorize laboratory or medical personnel to release the results to {INSERT COMPANY NAME}. I also authorize the {INSERT COMPANY NAME} to release the results to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize {INSERT COMPANY NAME} to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I release the laboratory or medical personnel conducting the drug test, {INSERT COMPANY NAME} and its employees, directors, officers and successors, from any liabilities, claims and causes of action, known or unknown, contingent or fixed, that may result from these tests and I agree not to file any lawsuits or other actions to assert a claim.

I understand that a refusal to authorize the collection and testing of my specimens by the collection site and laboratory, or a refusal to authorize the above disclosure of the test results, will be treated as a positive drug test. I acknowledge that a positive drug test will result in disciplinary action up to and including termination.

This policy and authorization have been explained to me in a language I understand, and I acknowledge that I have been informed that any questions I have about the test or the policy will be answered.

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Print Name Signature

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Date

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Print Witness Name Signature

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Date