

Drug Testing Consent Form

I have reviewed and understand Premier Healthcare Staffing's Drug Testing Policy.

I understand and agree to submit urine, blood, or hair specimen for testing under the circumstances and conditions outlined within this Policy. Furthermore, I understand and agree that if I am involved in an accident or other unusual occurrence, which requires medical treatment, the treating physician may order testing which includes a urine, blood, or hair specimen.

I hereby hold harmless all parties concerned and involved in the process of administering such drug testing and will not use PHS or the parties involved for any action taken as a result of said drug testing under this Policy that may prohibit me from securing a job with PHS or prevent my continued employment with PHS, or with any other company or party.

I understand that as a condition of employment, PHS and/or the parties involved with the drug testing policy may be required to provide documentation regarding drug testing to clients. I release PHS to provide this information if required for placement.

I hereby attest that I have read and understand the Substance Abuse Policy and that I must be drug free and alcohol free in the performance of my job duties. I understand adherence to this policy is a condition of employment and continued employment of PHS as specified in the above policy.

Printed Name of Employee

Date

Employee Signature

Date

Premier Healthcare Representative

Date