



## Drug Testing Consent Form

I have applied for employment with \_\_\_\_\_ (name of agency) in a position that requires me to operate an automobile. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by ▼▼▼ \_\_\_\_\_ for driver related position.

I hereby authorize any physician, laboratory, hospital or medical professional retained by \_\_\_\_\_ for screening purposes to conduct such screening and to provide the results to \_\_\_\_\_, and I release \_\_\_\_\_ and any person affiliated with \_\_\_\_\_ and any such institution or person conducting the screening, from liability therefore.

Applicant's signature: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Date: \_\_\_\_\_