

*A1 Healthcare Staffing*

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**DRUG AND/OR ALCOHOL TESTING CONSENT FORM**

**EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING**

I hereby agree, upon a request made under the drug/alcohol testing policy of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the Company), to submit to a drug or alcohol test and to furnish a

sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any

time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to

cooperate with the testing procedures, I will be subject to immediate termination. I further

authorize and give full permission to have the Company and/or its company physician send the

specimen or specimens so collected to a laboratory for a screening test for the presence of any

prohibited substances under the policy, and for the laboratory or other testing facility to release

any and all documentation relating to such test to the Company and/or to any governmental

entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize

the Company to disclose any documentation relating to such test to any governmental entity

involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have

access to information furnished or obtained in connection with the test; that they will maintain

and protect the confidentiality of such information to the greatest extent possible; and that they

will share such information only to the extent necessary to make employment decisions and to

respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the

Company might use, meaning that I will not sue or hold responsible such parties for any alleged

harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the

reporting of the results. I will further hold harmless the Company, its company physician, and

any testing laboratory the Company might use for any alleged harm to me that might result from

the release or use of information or documentation relating to the drug or alcohol test, as long

as the release or use of the information is within the scope of this policy and the procedures as

explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have

been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR

ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB

ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE

INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY

EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

[Important note for the company [omit this from any consent form!]: Remember, "involved in an

on-the-job accident or injury" means not only the one who was injured, but also anyone who

arguably or potentially contributed to the accident or injury event in any way, i.e., the person

suspected of causing someone else to get hurt gets tested as well. Testing only accident or

injury victims can, in the eyes of some, appear to be a way of discouraging workers from filing

workers' compensation claims, and that in turn can have a very unfavorable effect on workers'

compensation retaliatory discharge lawsuits. See the sample drug/alcohol testing policy for an

idea on how to reflect that caution in the policy.]

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Signature of Employee Date

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Employee's Name - Printed

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Company Representative Date