



Medical Staffing Solutions

"The Solution to your Staffing Needs"

Substance Abuse Testing Consent

I, , understand that I may be offered a position with **Medical Staffing Solutions**, ("MSS"), that requires a pre-employment and periodic drug / alcohol screening due to the nature of the duties being performed, and to specific requirements of the clients of **MSS**. Periodic testing may include, but is not limited to, random, post-accident, scheduled or for-cause testing. I also understand that refusal to submit to the aforementioned testing will disqualify me for employment with **MSS** or be cause for termination if during employment. I further understand that I will be required to provide documentation from a prescribing physician for controlled substances found during a drug / alcohol test. I understand that a failed drug / alcohol test may result in prompt disciplinary action, up to and including immediate termination from **Medical Staffing Solutions**, if a physician's prescription is not available.

I agree to provide an appropriate sample as determined by **MSS** in accordance with testing guidelines and to have such samples tested for evidence of drug / and or alcohol use, and I authorize the laboratory or medical personnel retained by **MSS** for these tests to release the results to **MSS** for whatever use **MSS** deems appropriate. I understand that in such case where the creatinine, specific gravity, nitrates, temperature or other parameters typically used to determine if a sample is representative of normal are outside of the normal range, I may be required to return to the collection point for a witnessed collection.

I understand that the results of the test may be disclosed to clients of **MSS** to whom I may be assigned as required by **MSS** to do business with the client.

I release the laboratory or medical personnel conducting the drug test, **MSS**, and **MSS's** employees, directors, officers, and successors from any liabilities, claims, and causes of action, known or unknown, contingent or fixed, that may result from this drug test. I agree not to file any lawsuit or other action to assert a claim.

Printed Name: Date:

Signature: Soc. Sec #:

Witness:

REFUSAL

Printed Name: Date:

Signature:

1st Witness Name Date

Signature:

2nd Witness Name Date

Signature: