

Consent for Drug/Alcohol Screening

If you are offered and accept employment with *Gyn Care* you may work with and be around machinery and equipment that can cause injury to yourself and others. In the interest of safety for all concerned, you will be required to take a urine test for drug and/or alcohol use as a condition of employment.

I, _____, have been fully informed by my potential employer of the reason for this urine test for drug and/or alcohol. I understand what I am being tested for, the procedure involved and freely give my consent. I also understand that the results of this test will be sent to my prospective employer and become part of my record.

If this test is positive, and for this reason I am not hired, I understand that I will be given the opportunity to explain the reasons for the results of this test.

I authorize these test results to be released to *Gyn Care*.

Employee

Date

Witness

Date