

Consent and Release for Employment Drug Screening

As a condition to my employment at _____, I agree to submit to a urine drug test, also known as a urinalysis. The purpose of this urinalysis is to determine the use of controlled substances in my body.

I understand that the results of this urinalysis, if confirmed positive, may remove me from consideration for employment at _____. A positive test indicates the presence of marijuana, cocaine, opiates, amphetamines, and/or phencyclidine.

For the sole purpose of this urinalysis, I authorize my Employer's Authorized Agents to collect samples of my urine, and to use these samples or to forward these samples to a testing laboratory chosen by _____ for analysis. I also authorize these results to be reviewed by a Medical Review Officer (MRO).

Further, I authorize my Employer's Authorized Agents to release the results of this urinalysis, and any other related documentation, to **Inflection Risk Solutions, LLC d/b/a GoodHire** and to _____'s agents and employees with a need-to-know.

I agree that a reproduced copy of this Consent and Release for Employment Drug Screening shall have the same force and effect as the original.

I further understand that if I am taking prescription drugs approved by a medical physician, I am encouraged to furnish said prescription to an agent of the testing laboratory prior to the collection of my urine sample.

I have carefully read the foregoing, and I fully understand its contents. I agree that my signing of this Consent and Release for Employment Drug Screening is voluntary, and that I have not been coerced into signing this document.

Applicant Name: _____

Applicant Email: _____

Applicant Signature: _____

Date: _____