HealthWorks
Your Link to a Healthy Bottom Line

DRUG TESTING CONSENT

Employee Name:_____ **SS#:** _____ **Company**: _____

I, _____, hereby consent to provide a urine specimen and/or blood, hair or saliva specimens for the purpose of testing for the presence of prohibited drugs. I understand that the test results will be sent to the Medical Review Officer and/or employer's designated representative who is responsible for the company's drug testing program, unless prohibited by law. I understand that refusing to provide or tampering with a urine/hair specimen, or providing false information on a specimen's chain of custody form, may constitute grounds for the termination of my employment. I understand that failure to pass the drug test may result in disciplinary action up to and including termination, and that I may be required to participate in a mandatory rehabilitation treatment program (if offered by employer) as a condition of continued employment should my drug test results indicate drug abuse.

I consent freely and voluntarily to the company's request for a specimen. I hereby release and hold harmless the company and its employees and agents from any liability whatsoever arising from this request to furnish my specimens and the testing of my specimens.

I understand that all information derived from this test will be kept confidential and released only to my employer's designated representative. I also understand a documented chain of specimen custody exists to ensure the identity and integrity of my specimens throughout this collection and testing process.

Donor's Signature: X_____Date: _____ Time: _____

ALCOHOL TESTING CONSENT

I, _____ , hereby consent to provide a blood, breath, urine, or saliva specimens for the purpose of testing for the presence of alcohol. I understand that this information will be sent to my employer's designated representative who is responsible for the company's drug/alcohol program.

I understand that the failure to pass the test may result in disciplinary action up to and including termination, and that I may be required to participate in a mandatory rehabilitation treatment program (if offered by employer) as a condition of my continued employment should my drug/alcohol test indicate abuse.

_____	_____	_____
Employee's Signature	Social Security #	Company

I understand that either parent/guardian and/or minor will be contacted concerning a positive drug or alcohol result.

Signature of Parent/Guardian if Tested Individual is a Minor: _____

COLLECTOR'S SIGNATURE: _____ Date:_____/_____/_____

Donor signifies refusal to submit to testing _____
Donor's Signature

1243 S. Cedar Crest Blvd., Allentown, PA 18103 ♦ Phone: 610-402-9285 ♦ Fax: 610-402-9293
1770 Bathgate Dr. Suite 200, Bethlehem, PA 18017 ♦Phone: 484-884-2249 ♦Fax: 484-884-8034
2101 Emrick Boulevard, Bethlehem, PA 18020 ♦ Phone: 610-866-9675 ♦ Fax: 610-865-1472
6900 Hamilton Boulevard, Suite 145, Trexlertown, PA 18087 ♦ Phone: 610-402-0047 ♦ Fax: 610-402-0097