

# **Richards Healthcare, Inc.**

## **Consent for Drug/Alcohol Screen Testing**

If you are offered and accept employment with Richards Healthcare, Inc., you may work with and be around machinery and equipment that can cause injury to yourself and/or 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 and 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 reason for the results of this test.

I have also received the policy/procedure manual on random drug screening and give my consent to be screened if I am randomly selected.

I authorize these test results to be released to Richards Healthcare, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date