



Drug Screen Authorization & Consent

I hereby authorize and give full permission to have **DAVIS** Staffing, Inc., (herein referred to as "**DAVIS**") and/or their medical company physician send a specimen of my urine and/or blood to a laboratory for a screening test using SAMSHA standards for the presence of illegal drugs, alcohol or prescription medication taken without prescription.

I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the tests or as a result of report of the test. This includes, but not limited to, possible clerical or laboratory error.

I have received a copy of the Substance Abuse Policy, which is written in a language I understand. I have been told if I have any questions about the test they will be answered. I understand this is a legal-binding document because **DAVIS** Staffing, Inc., is sending me for the examination and paying for it.

I understand **DAVIS** Staffing, Inc., will require a drug screen test whenever an on-the-job accident or injury is reported in accordance with **DAVIS** policy and this authorization and consent. My refusal to submit to drug testing will be grounds for termination.

Employee Name (Please Print)

Date

Employee Name Signature

Social Security Number

Medical Information Release Form

I, _____, authorize **DAVIS** Staffing, Inc., to request and obtain all records regarding any industrial accident or occupational disease involving myself and **DAVIS** Staffing, Inc. This is to include doctor's reports, follow-up reports, nurse's notes, medical bills, test results, etc.

A facsimile or photo copy of this authorization shall be considered as effective and valid as the original. This release shall remain in effect until specifically rescinded by me.

Employee Signature

Date

Family Physician

Clinic/Location

In case of an emergency, please contact:

Name

Relationship

Phone