DRUG SCREEN AUTHORIZATION & MEDICAL INFORMATION RELEASE CONSENT FORM

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.

I also 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 This release shall remain in effect until specifically rescinded by me.

_____   _____
Family Physician   Clinic/Location

In case of an emergency, please contact:

_____   _____   _____
Name   Relationship   Phone

_____   _____
Employee Name (Please Print)   Date

_____   _____
Employee Signature   Employee ID