



**Foundation Medical Staffing
Drug and Alcohol Testing Consent Form**

I, _____ on this date _____
_____ DO consent to provide a sample specimen for drug and/or alcohol testing.

(Initial)

_____ DO NOT consent to provide a sample specimen for drug and/or alcohol testing.

(Initial)

I acknowledge that the testing personnel will determine which test to use (e.g. urine, blood, breath, etc.).

I am currently using the following medication (indicate “none” if applicable):

Type of drug/brand name/dosage Last taken Prescribing physician or over-the-counter

I have been in contact with or exposed to the following substance, which may have an effect on a drug and/or alcohol test (indicate “none” if applicable):

I understand that my refusal to provide a sample specimen will result in the rejection of my application for employment or grounds for disciplinary action up to and including termination from my current employment with Foundation Medical Staffing. I further understand that a confirmed positive test without satisfactory explanation will be grounds for the rejection of my application and employment and will be grounds for disciplinary action up to and including termination from my current employment with Foundation Medical Staffing.

Signature

Date

Witness

Date