

EMPLOYEE DRUG TEST CONSENT FORM

Employee Name: _____

Employee ID: _____

1. Consent to Drug and Alcohol Testing

I hereby voluntarily consent to submit to urine, blood, saliva, breath, hair follicle, and/or other drug and alcohol testing, as required by my employer or its agents. I understand that this testing is a condition of my employment and/or continued employment, and that failure to submit to such testing or a positive test result may result in disciplinary action, up to and including termination.

2. Purpose of Testing

The purpose of this testing is to promote safety in the workplace, ensure compliance with applicable federal, state, and local laws, and maintain a drug-free working environment. Testing may be conducted pre-employment, randomly, post-accident, for cause, or as otherwise required.

3. Confidentiality and Disclosure

All test results and related information shall be treated as confidential and disclosed only to authorized personnel or as required by law. I understand that my test results may be shared with designated medical review officers, employer representatives, or regulatory agencies in accordance with applicable laws.

4. Employee Rights

I have the right to refuse to consent to this testing; however, such refusal may result in adverse employment consequences. I also have the right to request a retest of any positive result at my own expense within the time frame specified by the employer or testing facility.

5. Release and Indemnity

By signing this Consent Form, I release and hold harmless the employer, its agents, employees, and the testing laboratory from any liability arising from or related to the collection, testing, or disclosure of test results, provided such actions are conducted in accordance with applicable laws and regulations.

6. Acknowledgment

I acknowledge that I have read and understand this Employee Drug Test Consent Form, that I have had the opportunity to ask questions, and that I voluntarily agree to the terms herein. I understand that this Consent Form shall remain in effect for the duration of my employment or as otherwise required.

7. Governing Law

This Consent Form shall be governed by and construed in accordance with the laws of the United States and the state in which the employer operates, without regard to conflict of law principles.

8. Severability

If any provision of this Consent Form is found invalid or unenforceable, the remaining provisions shall continue in full force and effect to the maximum extent permitted by law.

9. Entire Agreement

This Consent Form constitutes the entire agreement between the parties regarding drug and alcohol testing and supersedes any prior agreements or understandings, whether written or oral.

EMPLOYEE SIGNATURE

WITNESS SIGNATURE

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

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