



PRE-EMPLOYMENT DRUG/ALCOHOL TESTING CONSENT FORM

As a condition for an application to be considered, applicants must understand and agree to submit to a drug and/or alcohol test. If the test results are positive, the applicant shall not be considered further by Hanover Medical Specialists for employment.

I hereby consent to a drug and or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by Hanover Medical Specialists in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have Hanover Medical Specialists and/or its authorized agents to send the specimen or specimens collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to Hanover Medical Specialists.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at Hanover Medical Specialists.

I further agree to hold harmless Hanover Medical Specialists and its agents from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with Hanover Medical Specialists' consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____ S.S. # _____

Signature: _____ Date: _____

WITNESS: _____

Print Name: _____

Signature: _____