

Please note the following information is for educational purposes only and does not constitute legal advice. Please consult with counsel prior to using this form as part of your screening process.

CONSENT AND RELEASE FOR EMPLOYMENT DRUG SCREENING

As a condition to my employment at _____, I agree to submit to a urine drug test, also known as a urinalysis. The purpose of this urinalysis is to determine the use of controlled substances in my body.

I understand that the results of this urinalysis, if confirmed positive, may remove me from consideration for employment at _____. A positive test indicates the presence of marijuana, cocaine, opiates, amphetamines, and/or phencyclidine.

For the sole purpose of this urinalysis, I authorize my Employer's Authorized Agents to collect samples of my urine, and to use these samples or to forward these samples to a testing laboratory chosen by _____ for analysis. I also authorize these results to be reviewed by a Medical Review Officer (MRO).

Further, I authorize my Employer's Authorized Agents to release the results of this urinalysis, and any other related documentation, to Inflection Risk Solutions, LLC d/b/a GoodHire and to _____'s agents and employees with a need-to-know.

I agree that a reproduced copy of this Consent and Release for Employment Drug Screening shall have the same force and effect as the original.

I further understand that if I am taking prescription drugs approved by a medical physician, I am encouraged to furnish said prescription to an agent of the testing laboratory prior to the collection of my urine sample.

I have carefully read the foregoing, and I fully understand its contents. I agree that my signing of this Consent and Release for Employment Drug Screening is voluntary, and that I have not been coerced into signing this document.

Applicant Name	Applicant Email
Applicant Signature	Date