



# WESTERN

a Scott Fetzer company

## CONSENT AND RELEASE TO DRUG/ALCOHOL TESTING

I, \_\_\_\_\_, hereby consent and agree to give specimens of my body fluids at the medical facility designated by Western for transmittal and testing by an approved testing laboratory.

It is my understanding that my body fluid specimens will be tested to detect the presence of alcohol and/or other drugs within my body.

I agree and consent to provide specimens of my body fluid for testing to discover the presence of alcohol and/or drugs for the following reasons:

- ◆ Pre-employment
- ◆ Reasonable Suspicion
- ◆ Workplace Accident/Incident/Unsafe Practice

It is agreed that upon request I will be furnished with the results of the tests performed on my body fluids by the testing laboratory. The testing laboratory is authorized to provide results to the designated company representative(s).

I acknowledge that I have read, understand and have received a copy of the Western drug free workforce policy. Furthermore, I understand that refusal to submit to the alcohol and drug screening test within the designated time period or a positive result will result in the withdrawal of my application for employment; if employed, refusal to submit to testing within the designated time period or a positive result and will result in the appropriate level of disciplinary action as specified by the Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

**Please, complete Background Authorization Form on back of this page. Thank You.**