



Consent for Post Accident or Random Drug Testing

I, _____, have been fully informed of the reason for a drug screen. I understand the drugs for which I am being tested, the procedure involved, and I freely give my consent. I also understand that the results of a drug screen are considered as part of my employment, including being rejected as a candidate for employment or promotion.

Further, I freely and willingly consent to the disclosure of the screen results to the management of the company for use in internal communications. I herein, voluntarily release fully and forever discharge the Company, any of its representatives, any laboratory or any facility and their representatives, which performs analyses, from any claim or liability arising from such tests, including, but not limited to the testing procedure, the analysis, the accuracy of the analysis or the disclosure of its results. I understand that the test results will become part of my employment record.

I also release from liability Boerne Urgent Care, its staff and physicians, of any repercussions that may occur from the test collection and/or results.

I certify that I have accurately provided all requested information on this form. I understand that any inaccuracies or omissions, willful or unintentional are grounds for disciplinary action up to and including termination of my employment or my being denied employment at this company.

Please list any medications you are currently taking and the dosages:

Name of medication	Dosage and how often the medication is taken

Signed: _____ Date: _____