



I hereby consent to allow Family Medical Associates, PC to take a specimen of my hair, urine, or blood and submit it to a laboratory testing service for a pre-employment, random or reasonable suspicion drug test. I further consent to allow the laboratory testing service to make the results of the drug test available to Family Medical Associates, PC.

I understand that *[where allowed by state law]* positive test results, refusal to be tested, or any attempt to affect the test sample or the results will result in withdrawal of my application for employment or withdrawal of any provisional employment offer I have received from Family Medical Associates, PC, or termination of employment, depending on when the results are received.

I agree to hold harmless and release from all claims Family Medical Associates, PC and its agents (including the above-named facility) from any liability arising in whole or part from the collection of specimens, testing, and the appropriate use of the information from such testing.

Employee/applicant name: _____

Employee/applicant signature: _____ Date: _____