



*World Wide Medical Staffing
Consent to Drug Screen Form*

I understand that World Wide Medical Staffing maintains a drug free workplace. WWMS has a policy which prohibits the use of illegal drugs, abuse of alcohol or illegal drugs, possession, sale or distribution of these substances. This policy prohibits an employee to be under the influence of drugs or alcohol while at work, or to report to work under the influence of drugs and/or alcohol or with illegal drugs in the body, I acknowledge receipt of WWMS's policy and agree to abide by its terms.

I agree to the taking of urine, hair and/or blood samples for the drug testing program and to the testing of these samples by as laboratory designated by WWMS. I agree to the release of any test results and other related information from the laboratory to WWMS's drug free workplace policy administrator. I will allow WWMS to use such reports and information in assessment of my application, continued employment, and/or any proceeding arising out of my employment or because of any accident which I may be involved in.

I understand that either refusal to submit a drug test or a confirmed positive drug test result will disqualify me from further consideration of employment, If I begin work prior to the drug test results being received, and the test result is positive for drugs covered by this contract or alcohol, I understand that I will be terminated immediatl

I understand that I become employed by WWMS, I may be required to submit to future drug tests.

This authorization is effective immediately. It remains in effect throughout the duration of my employment with WWMS. Any portion of the Authorization and Consent Form which authorizes release of any reports to be used in any legal, agency, mediation, or other proceedings will remain in effect after my termination.

I understand that I must notify WWMS within five (5) working days if I am convicted of a drug crime (sale, use or possession), and that failure to do so may result in termination.

With my signature, I acknowledge that I have received a copy of this form, a copy of the drug free workplace policy, and that I have read and understood them both. Further, I understand that it is my responsibility to ask questions if I do not understand any portion of WWMS's drug free workplace policy.

This Authorization and Consent for Drug Testing is specifically incorporation into and a part of the drug free workplace policy to which it refers.

Employee Print Name

Witness Signature

Employee Signature

Date