



A People Resources Company  
Office Management | Information Technology | Healthcare  
Solutions

**DRUG & ALCOHOL SCREENING CONSENT AND RELEASE FORM**

Provided To: \_\_\_\_\_

I FULLY UNDERSTAND THE CONSEQUENCES OF, AND AGREE TO SUBMIT TO A DRUG AND/OR ALCOHOL TEST(S) UNDER THE SUBSTANCE ABUSE PREVENTION POLICY OF DUNSON & ASSOCIATES, INC. ("THE COMPANY"). I GIVE THIS CONSENT OF MY OWN FREE WILL.

I HEREBY AUTHORIZE the Company designated physician, lab technician or company representative to obtain urine, breath, oral fluid, or blood sample(s) from me, and to release those samples to a laboratory for analysis. I also authorize that laboratory to release to the Company designated physician and Company representative any test results, reports or information that may be requested regarding those samples. I further authorize the Company designated physician to release the test results to the Company and authorize the Company to provide them to its workers' compensation insurance carrier, to the Industrial Commission, to the Employment Security Commission, and to use the results in defense of any lawsuit against the Company.

I also authorize the Company to release these results to any subsequent employer of mine who assigns me to work at a Company work site.

I release DUNSON & ASSOCIATES, INC., its officers, agents, employees and contractors from any and all claims or causes of action based on or arising from 1) the Company's request that I take a controlled substance test(s), 2) the dissemination of results to the individuals and entities described above, and 3) any employment decision based on those results.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date