

## **Drug Testing Consent Form**

I have applied for employment with Reaction Co. and as a condition of employment, I must be, and I must remain drug-free. I understand and agree to undergo pre-employment substance screening. I understand that if my pre-employment test results are positive, my application will not be considered further.

I further understand that during any employment with Reaction Co. I agree to be subject to periodic substance screening and if any test is positive, my employment may be terminated.

I hereby authorize any physician, laboratory, hospital, or medical professional retained by Reaction Co. to conduct substance screening and to provide the results to Reaction Co., and further, that release Reaction Co. and any person affiliated with Reaction Co. and any institution or person conducting the screening, from all liability in connection with the screening.

**Applicant Signature** 

**Applicant Name** 

Date