

	Southern Heat Exchanger Services Safety Program	Section:	29
		Initial Issue Date	2/23/2010
DRUG / ALCOHOL SCREEN CONSENT & RELEASE FORM		Revision Date:	Initial Version
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In applying for employment, I understand that, as part of the process, a pre-employment physical examination is required and I have freely agreed to undergo the examination. As part of the physical examination for SHES, I hereby voluntarily authorize the physician, laboratory, clinic or other agent of SHES' choice to collect and test my voided urine or blood specimen for the presence of drugs, alcohol, marijuana and other similarly prohibited substances. The test has been explained to me and I fully understand the implication of the test.

I also understand that refusal to submit to a drug and an alcohol screening test will be interpreted by SHES as a voluntary withdrawal of my application for employment. I authorize the release of the results of these tests to SHES, and hold its officers, agents and employees harmless in the use of the test results for employment considerations. I understand that a documented "chain of custody" exists to ensure the identity and integrity of my specimen throughout the collection and testing process.

Below, I have listed all drugs or medications taken during the last month. It is understood that my failure to list all drugs and medication taken during the last month may terminate the consideration of my application for employment. (If no drugs or medications have been taken, write "NONE")

NAME/ADDRESS OF DRUG/MEDICATION PRESCRIBING PHYSICIAN	FREQUENCY OF DOSAGE	DATE	LAST	TAKEN
1.				
2.				
3.				
4.				

I have read this Consent and Release form in full and understand its contents and implications.

(IF YOU DO NOT UNDERSTAND, PLEASE ASK)

Signature _____ Date _____

Print Name _____ Social Security Number _____

Witness _____ Date _____