

# Supplemental Health Care <sup>SM</sup>

STAFFING SPECIALISTS

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## **Drug Screen Authorization and Consent**

I hereby authorize and give full permission to have SHC Services, Inc. and/or their medical company physician to send a specimen of my urine and/or blood to a laboratory for a pre-employment drug screening. The drug screen tests for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription.

I will hold all parties concerned harmless, meaning I will not sue nor hold them responsible for any alleged harm to me. I will not hold them responsible for interfering with my obtaining a job or continuing employment due to not submitting to the tests, or as a result of report of the tests. This includes, but is not limited to, possible clerical or laboratory error.

This policy and authorization has been explained to me in a language I understand. If I have any questions about the test, they will be answered. I understand this is a legal binding document, which is binding because SHC Services, Inc. is sending me for the examinations and paying for it.

I UNDERSTAND THAT SHC SERVICES, INC. WILL REQUIRE A DRUG SCREEN TEST WHENEVER AN ON THE JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDANCE WITH SHC SERVICES, INC. POLICY AND THIS AUTHORIZATION AND CONSENT. MY REFUSAL TO SUBMIT TO DRUG TESTING WILL BE GROUNDS FOR TERMINATION.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

SHC Representative: \_\_\_\_\_ Date: \_\_\_\_\_