

For Office Use Only Date Received:

, 20 ____

Reviewed by:

Drug Test Consent Form

l,	, uno	derstand that TekWave LLC	d/b/a MedWave Healthcare
Staffing, its affiliates, and any appropriate client with relevance to my employment needs my authorization to conduct a drug test to obtain employment. I have been informed of and understand the testing procedures.			
I agree to provide any specimens needed to conduct the drug test. I understand that if I refuse to participate in the drug screening, I may not be considered for employment with MedWave Healthcare Staffing. I also understand that if I consent to the test and the results are positive, the results will be reported to MedWave Healthcare Staffing and I may be excluded from consideration for employment for violation of MedWave Healthcare Staffing's drug policy. This policy exempts the use of legally prescribed medications taken under the direction of a physician but does <u>not</u> exclude the use of marijuana. Despite state laws, the use, sale, and possession of marijuana is illegal under federal law and will be considered a failed drug screen if tested positive.			
I hereby			
☐ Consent ☐ Refuse to consent			
to undergo the drug test(s). I authorize any physician, laboratory, hospital, or medical professional retained by MedWave Healthcare Staffing to conduct this drug test and to provide the results to MedWave Healthcare Staffing. I release MedWave Healthcare Staffing, any person affiliated with MedWave Healthcare Staffing, and any institution or person conducting the drug test from liability. I give this consent pursuant to all state and federal privacy statutes and waive all rights to nondisclosure of this test record and results only to the extent of the disclosures authorized in this form.			
I have read and understood this consent form, and I sign without any coercion or duress by any individual or institution.			
Signature:		Date:	
Printed Name:		Final	Middle
Address:	Last	First	Middle
-	Number & Street	City	State Zip Code