

Substance Abuse Screen

I have read this policy on substance screen testing and understand the purpose and procedures as stated. I consent to the substance screening and grant my permission for the substance screen results to be disclosed to the employer. I agree to cooperate fully in taking any required substance screen test.

I have been advised that, if I am a person with a disability, Touchstone Services, Inc. will make reasonable accommodations under this policy.

I hereby release Touchstone services, Inc., its directors, officers, employees, agents, contractors and substance screening agencies and individuals from all liability, claims and damages whatsoever that I may have resulting from administration of the substance screen test

Employee Signature

Date