

## Drug Testing Consent Form \*

I have applied for employment with [Your Business] in a position that requires me to operate an automobile or truck. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by [Your Business] for a car or truck driver position.

I hereby authorize any physician, laboratory, hospital or medical professional retained by [Your Business] for screening purposes to conduct such screening and to provide the results to [Your Business], and I release [Your Business] and any person affiliated with [Your Business] and any such institution or person conducting the screening, from liability therefore.

Applicant's signature: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

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

\* Please note that the use of this form is for MA & CT employers only. Since drug testing laws vary from state to state, we recommend that you consult with proper legal counsel (See Skoler, Abbott & Presser, P.C. link) regarding the legality of using such forms.