

# 1<sup>ST</sup> NURSE REGISTRY

## CONSENT FOR DRUG/ALCOHOL SCREENING TEST

If you are offered and accept employment with 1<sup>ST</sup> NURSE REGISTRY, in the interest of safety for all concerned, you will be required to take a urine test for drug and/or alcohol use.

I, \_\_\_\_\_, have been fully informed of the reason for this urine test for drug and/or alcohol (I understand what I am being tested for), the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to my potential employer and become part of my record. If this test is positive, and for this reason I am not hired, I understand that I will be given the opportunity to explain the results of this test.

I hereby authorize these test results to be released to 1<sup>ST</sup> NURSE REGISTRY.

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

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

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

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

The information contained within this document is not shared with any third parties. The information is for record keeping and is kept in the employee's file during employment or as required by law. The information is used in the employee's confidential record of employment. The Employee, by signing this document gives the employer consent to collect the information contained herein and use for the specified purpose.

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