



AUTHORIZATION AND CONSENT FOR DRUG SCREENING

I consent to pre-employment test to detect the use of illegal drugs or controlled substances or the misuse of prescription medication and I consent to the release of the results of such test to MAC Inc. I hereby authorize and give full permission to have MAC Inc. and/or their medical company technician/physician send a specimen of my urine and/or blood to a laboratory for screening/testing for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription.

I hereby certify that urine submitted for such drug screen will be my own. I understand that if I refuse to sign this consent, fail to take a drug test, or fail any portion of the test, I may be terminated.

I will hold all parties concerned harmless. Meaning, I will not sue nor hold MAC Inc. or their clients responsible for any alleged harm to me or for interfering with my obtaining a job or continuing employment for not submitting to the tests or as a result of the report from the tests. This includes possible clerical or laboratory error.

I understand this is a legally binding document. This policy and authorization has been explained to me in terminology I understand. I also understand that if I have any question regarding this test, they will be answered upon request.

I understand that MAC Inc. will require a post-accident screening to test for illegal drugs, alcohol or prescription medication taken without a prescription, **whenever a work-related accident is reported**, in accordance with MAC Inc. policy and the above authorization and consent.

I understand and agree that MAC Inc. may release the results of my pre-employment and/or post-accident drug screenings to the California Employment Development Department (EDD) in the event a claim for unemployment insurance is filed by me or on my behalf.

Print Your Name

Signature

Date