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Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

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Department: \_\_\_\_\_ Account: \_\_\_\_\_

Employee/Applicant's Name (Print Name): \_\_\_\_\_

1. I certify that I have read and understand the Southern Illinois University Edwardsville Workplace Drug Testing Policy & Procedure. Additionally, by signing below, I accept all conditions of this policy.
2. I understand that I am being asked to provide a blood, urine or hair sample for testing to determine the presence of alcohol, drugs or controlled substances in my system. I understand that I do not have to provide such a specimen if I choose not to do so, but that my refusal will result in termination of my employment at the University or revocation of any offer of employment. In addition, I understand that I have 48 hours to provide said test sample and that failure to do so will result in the termination of my employment at the University or revocation of any offer of employment.
3. I hereby give consent to and authorize Southern Illinois University Edwardsville and its agents, servants, employees and/or physician chosen by the University to take blood, urine or hair specimen and to use such specimen in any manner that the facility and its agents, servants, employees and physicians deem appropriate, including, but not limited to releasing such specimen to a testing laboratory, hospital, other person or service for testing. I hereby give consent to and authorize the facility and its agents, servants, employees, and/or physicians chosen by the facility and any such testing laboratory, hospital person or service to conduct drug tests and to release the results of the tests of other information concerning the specimen to the Office of Human Resources or to any person or firm designated by the University.
4. I hereby release Southern Illinois University Edwardsville and its agents, any of their officers, agents, servants, employees and physicians, any laboratory, hospital, person or facility responsible for testing from any and all claims, causes of action, damages or liability relating to the testing or use and dissemination of test results, including, but not limited to, all claims for injuries or damages arising out of or relating to the collection of specimens, procedures, the release of information or results concerning such testing, or any action taken regarding any employability or continued employment as a result of such testing and/or test results.
5. *I acknowledge that I have received a copy of this consent form*

I consent to provide a blood, urine, or hair specimen for use in the manner described herein.

I refuse to provide a blood, urine, or hair specimen. I understand that my refusal constitutes grounds for immediate termination or disqualification from employment consideration.

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Employee/Applicant's Signature (Print and Sign)

Date

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Witness's Signature (Print and Sign)

Date