



Unified Government Human Resources Guide

Effective 04-01-05

DRUG SCREENING CONSENT AND WAIVER OF LIABILITY

I, _____, hereby consent to allow my urine to be tested for drugs and/or other chemical intoxicants at any time prior to an appointment for employment with the Unified Government of Wyandotte County/Kansas City, Kansas. I further consent to allow the results of such testing to be divulged to the UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY, KANSAS or its agent, designee or representative.

I agree to hold harmless all physicians, employees and agents who work or perform services for the above corporation, from any action that may arise out of such test results being divulged to the Unified Government of Wyandotte County/Kansas City, Kansas

I understand that a confirmed positive test of my urine demonstrating the presence of any drug, medication substances or pills not lawfully prescribed or used by me will result in denial of employment.

I understand that my refusal to submit to a drug screening test will result in denial of employment.

I understand that I have a right to discuss my test results with the physician performing the analysis and confirming the result.

I understand that guidelines and policies will be adopted regulating the performance of the test and before that test is performed on me that I may request a copy of the policies and guidelines.

I understand that I may request a copy of my test results, in writing, from the physician performing the test.

Applicant Signature

Date

Witness

Date