



CONSENT TO MEDICAL EXAMINATION AND RECORDS

I consent to submit to any medical or physical examinations, including but not limited to, blood, urine, breath, or other examinations which test for the presence of alcohol, drugs, perception-altering chemicals or other substance use, that may be required by AAI Corporation (the Company) and any of its subsidiaries in connection with the processing of my application for employment. I further agree to take any such examination that may be requested by the Company during my employment, should I be offered and accept a job, with the understanding that these examinations will be performed by a health care professional designated by the Company.

I further hereby authorize the release to the Company of all medical records and other results of any such tests or medical/physical examinations performed on me at any time by any physicians or clinics to which I am referred by the Company. I further authorize the use of this information by the Company for any purpose, including but not limited to, decisions concerning my continued employment, disciplinary actions or termination.

I understand that I may request independent testing of the same specimen for verification of the test results by a laboratory which has been approved by the Maryland Department of Health and Mental Hygiene to conduct job-related alcohol or controlled dangerous substances testing; or if located outside the State of Maryland, complies with subsection (e) of para. 17-214 of the Health Section of the Annotated Code of Maryland. I agree that any costs in connection with an independent test shall be paid by me.

Signature

Date