



**ACKNOWLEDGEMENT OF THE SUBSTANCE ABUSE POLICY**  
**AGREEMENT TO SUBMIT TO DRUG and/or ALCOHOL TESTING**  
**AGREEMENT TO RELEASE TEST RESULT**

I, John Smith , understand that Leica Microsystems, Inc. maintains a Substance Abuse Policy requiring all employees to report to work in a substance free condition.

I have read, or had read to me, a copy of this policy and I understand the consequences of violating the policy, including my obligations under the Drug Free Workplace Act. If I did not understand the policy, I have asked for and have received and explanation. I specifically understand that if I am injured on the job, and either refuse to be tested or test positive for drugs or alcohol, that I thereby forfeit eligibility for all Workers' Compensation medical and indemnity benefits.

I understand that as a condition of my initial and/or continued employment, as a part of initial and routinely scheduled fitness for duty physical examinations when required by the company, random (if applicable), and where reasonable suspicion of drug and/or alcohol use exists, the Company will require me to undergo substance screening by urinalysis, blood (for alcohol), hair follicle or other testing procedure and I hereby agree to submit to such tests including follow up to rehabilitation testing and the required post accident testing.

I further consent to the results of any such drug screen(s) being released to the Company's authorized representative by the Medical Review Officer (MRO) and understand that I am legally authorized to receive a copy of this consent form if requested. The results will not be released to any additional parties without my written authorization, except that I acknowledge that the Company, agents of the Company, and the testing laboratory will have access to the drug test results and may disclose such results to its attorney in connection with workers' compensation proceedings, and may use the test results when relevant to its defense in other civil or administrative matters.

I release any testing facility personnel and/or any physicians who have tested me from any liability arising from a release or use of any and all test results, written reports, medical records and data concerning my test(s) to the appropriate Company officials. I further release all Company officials from liability arising from the release or use of the test results.

I also understand that the Substance Abuse policy and related documents are not intended to constitute a contract between the Company and me.

A handwritten signature in black ink, appearing to read "John Smith", with a stylized, wavy line extending from the end.

Signature

John Smith  
Printed Name

6/1/2019  
Date