CONSENT AND RELEASE FOR EMPLOYMENT DRUG SCREENING

As a condition to my employment/prospective employment at			
laboratory chosen by Vetzu Inc (Vetzu). for analysis. I also authorize these results to be reviewed by a Medical ReviewOfficer (MRO).			
Further, I authorize Vetzu to release the results of this test, and any other related documentation to my Employer's employees with a need-to-know basis.			
I understand that the results of this test, if confirmed positive, may remove me from consideration for employment at, in accordance with applicable law.			
I agree that a reproduced copy of this Consent and Release for Employment Drug Screening shall have the same force and effect as the original. I further understand that if I am taking prescription drugs approved by a medical physician, I am encouraged to furnish said prescription to an agent of the testing laboratory prior to the collection of my sample. I have carefully read the foregoing, and I fully understand its contents. I agree that my signing of this Consent and Release for Employment Drug Screening is voluntary, and that I have not been coerced into signing this document.			
		I give my consent to release the results of the test(s) and other medical information from the laboratory to my employer pursuant to statute or regulation with the condition that the results may not be used in any criminal proceeding.	
		Applicant Name	Applicant Email
Applicant Signature	Date		