



Chemical Screening Consent and Release Form

I, _____, hereby give my consent and express my willingness to undergo a physical examination as requested by Elite Care. I also consent to the release of the results of the physical examination to Elite Care. Because I understand that this physical examination also includes a drug test, I am also consenting to the collection of a urine sample from me by Elite Care designated physician or testing representative, which is sent to a laboratory selected by Elite Care. I also understand that this laboratory conducts screening tests on this urine sample to detect the presence of illegal narcotics, including marijuana and other drugs, as well as signs of abuse of legal drugs. I consent to the release to Elite Care, of all my medical records related to the physical examination or drug tests that contain relevant information about my fitness and ability to perform the essential functions of the position that I have applied for.

I also hereby agree not to file or pursue any complaints, claims, or legal actions of any kind against Elite Care, or any of its employees, representatives, or agents arising out of their activities or actions performed in connection with these physical or medical examinations.

Employee Name: _____

Employee Signature: _____

Date: _____