



**Drug Screening Statement of Understanding**

I understand that certain Assured Healthcare, LLC("Assured Healthcare") customers ("Customer") require temporary employees or applicants assigned to the customer undergo drug and alcohol screening as a pre-assignment "and/or post assignment condition. I further understand not all customers require such screening and I may be offered Assured Healthcare assignments which do not require such screening. If screening is required, the screening is designed to detect alcohol or drug use which might affect the individual's ability to perform his or her duties. The specifics of the screening are as follows:

1. For pre-assignment purposes, an applicant or employee may be requested to submit to screening, at no expense to the applicant or employee. The screening is designed to detect the presence of marijuana, cocaine, amphetamines, barbiturates, opiates, hallucinogens and other related controlled substances which may have been used by the applicant or employee. An applicant or employee has the right to decline to submit to screening, but Assured Healthcare reserves the right to refuse to employ any person who has not submitted to screening when the Customer requires screening for a particular assignment. If an applicant who agrees to submit to screening subsequently tests positive for the use of an illegal drug, the applicant will not be eligible for employment with Assured Healthcare.
2. For post-assignment purposes, including applicability to Assured Healthcare employees presently assigned to Customer, Assured Healthcare reserves the right to screen its employees for drug and controlled substance use or alcohol use for reasonable suspicion and after an accident. The testing will be designed to achieve the same purposes noted in Paragraph 1 above. An employee has the right to decline to submit to screening, but Assured Healthcare reserves the right to terminate the assignment of employees who decline to submit to screening and to terminate the employee's employment with Assured Healthcare. If an employee tests positive for the use of an illegal drug, the employee will be terminated from his or her employment with Assured Healthcare. The employee is advised that state law may allow for denial or reduction of Workers' Compensation benefits if the employee tests positive for illegal drugs or refuses a drug test after a workplace accident.
3. The results of screening will be conclusive as to the use of controlled substances by the applicant or employee and Assured Healthcare may base its employment and assignment decision on the results of the screening without any further analysis or discussion with the applicant or employee. Applicants or employees having valid physicians' orders and prescriptions for use of controlled substances should be able to provide proof of same to Assured Healthcare or the screening laboratory upon request. The results of screening will be used solely by Assured Healthcare for the purpose of employment decisions regarding assignments to Customer and will not be discussed or released to any third party other than Customer, upon Customer's request.
4. I further understand that Assured Healthcare prohibits employees assigned to any Customer from being under the influence or possession of any alcoholic beverage or controlled substance (except as described by a physician so long as the performance or safety of the work is not affected thereby). Assured Healthcare shall have the right to remove from assignment and terminate from employment any employee violating these rules.
5. I hereby release and hold the designated physician, testing laboratory and medical facility harmless for release of any information concerning the testing to Assured Healthcare and Customer. I also release and hold harmless Assured Healthcare, Customer and their directors, officers, stockholders and employees for the use of this information for the purposes set above.

I have fully read the above. I understand the contents of this form and the nature of the rights being retained by Assured Healthcare in relation to my assignment to Customer.

\_\_\_\_\_  
Witness Signature

by:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date