

Consent to Physical Examination and Tests (For alcohol or other substances—drugs)

Employee or applicant name (please print)

Employee ID number

I hereby voluntarily consent to a physical examination and tests to be conducted by Church-designated physicians or other appropriate medical personnel. I voluntarily consent to the taking of samples of my blood, urine, breath, and any other samples for testing to determine the presence of alcohol or other drugs in my system. I voluntarily authorize the release of medical information

concerning the results of my physical examination and tests to Church supervisors and management who will use it to determine if I am in compliance with Church employment rules and policies on alcohol or other drugs. I understand that my refusal to sign this consent may be cause for termination or ineligibility for employment.

Employee or applicant signature

Signature of witness

Date

Refusal to Consent to Physical Examination and Tests (For alcohol or other substances—drugs)

Employee or applicant name (please print)

Employee ID number

I decline to authorize the Church to perform a physical examination and tests for alcohol or other drugs or to authorize the release of test results to Church supervisors and management.

I understand that I am entitled to a copy of this refusal. I also understand that my refusal to sign this consent may be cause for termination or ineligibility for employment with the Church.

Employee or applicant signature

Signature of witness

Date