

# MICHESTER HOMECARE

3845 POWDER SPRINGS RD, SUITE 102  
POWDER SPRINGS GA 30127  
Tel: 678-403-8685

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## CONSENT FORM (DRUG TESTING)

I, hereby consent to submit to urinalysis and/or other tests as deemed appropriate by MICHESTER INC. in the application process for employment, and at anytime during employment for the purpose of determining the drug content thereof.

I, authorize, MICHESTER INC, to collect the specimen for the test, test the specimen for the use of illegal drugs and allow them to return the results to Felicity Care and its affiliates.

I, understand that the current use of illegal drugs prohibits me from becoming employed by **MICHESTER Inc** & its affiliates.

I, further agree to release to Felicity Care and its affiliate from any liability arising out of the collection of specimens, testing of specimens and use of information from testing in connection with the employer's consideration of my application for employment.

I, also agree that a copy of this Consent Form will have the same effect as the original.

I have read and understand the above information regarding my pre-employment substance abuse test. I agree that my signing this Consent Form was totally voluntary and a company official did not coerce me into doing so.

Application Name: \_\_\_\_\_  
(Print)

Application Name: \_\_\_\_\_  
(Signature)

Application SS#: \_\_\_\_\_ (Date)

Witness' Name: \_\_\_\_\_  
(Print)

Witness' Name: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)