

# Medical Staffing Partners

## Drug and Alcohol Policy Associate Certificate and Waiver

I hereby agree that I have read and understand the Drug and Alcohol Policy of Medical Staffing Partners regarding drug and alcohol abuse. I further agree to freely and voluntarily participate in the testing procedures related to and governed by this Drug and Alcohol Policy Statement.

I attest that any urine sample submitted by me will be mine. In addition, I agree that I will provide a list of any prescribed medication that I may be taking at such time that I provide a urine sample.

I hereafter agree to release Medical Staffing Partners and the contracted medical facility or laboratory, their associates, agents and contractors from all liability relating to this testing program. I also consent to release those parties from all liability relating to any decisions that arise from the urine test results that could in any way effect my employment.

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Associate Signature

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Associate Printed Name

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Medical Staffing Partners Signature

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Date Signed

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651-407-0300

[www.medicalstaffingpartners.com](http://www.medicalstaffingpartners.com)

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651-407-8977

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