

Substance Testing Consent Form

I have received an offer of employment with Mid-Ohio Psychological Services Inc. As a condition for my offer, I understand and agree to undergo substance screening. I understand and agree that if my test results are positive, Mid-Ohio Psychological Services Inc will withdraw the offer of employment.

I hereby authorize any physician, laboratory, hospital, or medical professional retained by Mid-Ohio Psychological Services Inc. for screening purposes to conduct such screening and to provide the results to Mid-Ohio Psychological Services Inc., and I release Mid-Ohio Psychological Services Inc. and any person affiliated with Mid-Ohio Psychological Services Inc. and any such institution or person conducting the screening from liability therefore.

Applicant's signature:

Date:

Applicant's name:
