



Drug Screen Policy

Lloyd advised me that I may be assigned to a position with a client of LLOYD which has a corporate policy with regard to the use and possession of drugs and alcoholic beverages. I understand that it is the policy of the Client to prohibit employees and contractors, from possessing, using, or having pre-determined levels of illegal drugs or controlled substances in their system (including designer drugs, "look alike" drugs, etc., even though not actually controlled by law), or being under the influence of drugs or alcohol on company or customer property, or in company or customer's vehicles and agree to this policy. I understand that any individual that violates this policy will not be eligible for assignment or continued assignment with the Client.

I understand that I may decline eligibility to assignment to the Client with a drug-testing program and that such declination will not affect my assignment to other clients.

As a condition for consideration for assignments with and for the continuation of any assignments with the Client, I understand and agree that I may be subject to random drug and alcohol testing. LLOYD or the Client will pay for these tests. I understand that my refusal to take these tests shall be considered a withdrawal of my request for assignment with the Client.

I voluntarily authorize any physician, laboratory, clinic or other agent designated by LLOYD the Client (collectively, the "Laboratory") to conduct such tests, as it deems necessary for the purpose of determining the presence of illegal drugs or alcohol in my system. The test has been explained to me and I fully understand its implications with respect to my employment status. I understand that I have the right to consult the substance abuse testing administrator for technical information regarding prescription and non-prescription medication. I understand that both before and after being tested, I will have the opportunity to confidentially report to the person administering the testing program, the names of any prescription or non-prescription medication I am taking which may alter or affect the drug test.

I authorize the release of the results of these tests to LLOYD and the Client or any of their appropriate agents, employees, or customers. I understand that all information, interviews, reports, statement memoranda, and drug test results, written or otherwise, received by LLOYD and/or the Client through the drug testing program are confidential communications and may not be used except in accordance with applicable law.

I hereby release and forever discharge LLOYD, the Client, and the Laboratory and their respective agents and employees from any and all lawsuits, proceedings, claims or causes of action arising from the test or tests, and from any action or inaction of LLOYD or the Client based on the results of the testing. I understand that a documented "chain of custody" exists to ensure the identity and integrity of my specimen throughout the collection and testing process. I understand that where required by state law, I will be given a copy of any positive test results.

If my test results are positive, I understand and agree that I will not be assigned to the Client or my assignment with the Client will be terminated. I also understand that I may not be eligible for assignment to other clients of LLOYD until I successfully complete a drug and/or alcohol treatment program and subsequently test negative for drugs and alcohol. In this case, I consent to continue random drug and alcohol testing as a condition of my eligibility for future assignments with LLOYD's clients.

I understand that I may contest or explain the result of any positive tests to LLOYD within five working days after written notification of the positive test result and if appropriate I will be re-evaluated for future assignments.

I authorize the release of my medical records from any physician, pharmacy, clinic, etc. to LLOYD, the Client or the Laboratory for the purpose of investigating a positive result disputed by me. I understand that a photocopy of this form will be as good as the original.