



**Employment Consent of Drug Testing**

I hereby consent to allow Jiffy Lube or its designated clinic, Physician, and/or laboratory to collect blood and/ or urine samples from my person in order to test for drug/or alcohol. I further consent to the release of the test results to Lubricar Inc. management by the Healthcare providers.

I acknowledge that I have been provided with and read the Lubricar Inc. drug and alcohol testing policy. As outlined in the policy, I understand that positive test results may result in removal from my position. I further understand that if the results of the test(s) are positive, I will be provided with an opportunity to explain such results and/or to have another test done on the same sample at my own expense.

Prescription drugs for treatment must not adversely affect operations of safety. When drugs are medically prescribed, the employee must advise the employer that he or she is under care of a doctor and is taken prescribed medications, if the medications might have an impact upon operation or safety. The employer may require the employee to provide a physician’s statement that the medication will not adversely affect operations or safety, will be dealt with as a “positive” verified finding for an illegal drug under this policy.

I have taken the following drugs, including over-the-counter and/or prescription drugs, in the last month, which may interfere with my required job duties. (If none, write none)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employees Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_