



# WESTWAYS STAFFING SERVICES, INC.

## Consent for Drug/Alcohol Screening

I, \_\_\_\_\_, give my consent to be screened for drugs/alcohol prior to being hired for employment with Westways Staffing Services. I understand the need to screen for use of drugs or illegal substances to ensure that only the highest quality of nurses are hired by Westways Staffing Services.

I likewise consent to be screened for drugs and/or alcohol at any time and at any hospital that I shall be assigned to by Westways Staffing Services.

I hold Westways Staffing Services free from any liability should results of my drug screening influence future employment.

Further, I give my free and voluntary consent to the evaluation of my drug/alcohol screening results and other relevant medical information by the Medical Review Officer (MRO) employed to review such results, and I understand that the release of such results may make me ineligible for employment.

Name: \_\_\_\_\_ Witness: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_