

**Sullivan Group LLC  
STATCO, Inc.  
dba STAT Tech Service**

**CONSENT AND RELEASE OF MEDICAL INFORMATION  
FOR  
SCREENING FOR DRUGS AND ABUSE**

In accordance with its anti-drug abuse policy, employees of STAT Tech Services, Inc. may be required to pass a urine screen for drugs of abuse. This drug-screening program involves routine testing of urine for drugs of abuse and will be conducted using state-of-the-art instrumentation and procedures. These tests will be used, in part, to determine that prospective employees meet the necessary qualifications for employment.

I (name) \_\_\_\_\_  
(Social security number) \_\_\_\_\_, understand that I may be required to submit to a urine screen for drugs of abuse as a condition of employment at STAT in accordance with its anti-drug abuse policy. I further understand that failure to consent to this screen, if required by policy will, in the case of an application for employment, be considered as withdrawal of my application for employment. I understand I will reimburse cost of drug test should I not pass the test or not report for the job.

I authorize the testing laboratory to release the results of this screen to the Medical Director, or his designee. I understand that this information will be kept confidential and results can be made available to me.

My signature below indicates that I have read, understood, authorize and consent to the above statements and hereby voluntarily will participate in the drug screening program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date