

PHARMA CARE SERVICES

DRUG AND ALCOHOL TEST AUTHORIZATION FORM AND RELEASE

The drug and alcohol abuse policy, called the SUBSTANCE ABUSE POLICY (or the "Policy"), of PharmaCare Services prohibits the presence of illicit substances in the systems of its employees while on the job. A confirmed, positive test is a violation of the Policy.

I understand that I am required to take a drug and alcohol screening test: (1) as a condition of post-offer testing; (2) if the Company suspects use of drugs or alcohol; (3) following any accident or incident at work; (4) during medical examinations; (5) as a part of any investigations; (6) at the random discretion of the Company during the course of my employment. I further understand that this analysis will be conducted by a certified laboratory with all data to be held in confidence except as otherwise necessary to carry out the terms and objectives of this Policy.

I understand that positive results of the test, in accordance with the Policy, is a direct violation of the Policy and may prohibit employment with the Company and, if already employed, is immediate grounds for corrective action, up to and including termination.

I understand that it is my responsibility prior to the drug and alcohol testing to inform the laboratory and/or the Company of any medication, prescribed or non-prescribed, that I may be taking and/or have taken within the last 60 days prior to the testing.

I CONSENT TO THE RELEASE OF THE RESULTS OF ANY DRUG OR ALCOHOL TEST TO AUTHORIZED REPRESENTATIVES OF THE COMPANY FOR APPROPRIATE REVIEW. I RELEASE AND AGREE TO HOLD HARMLESS THE COMPANY, ITS EMPLOYEES, OFFICERS, AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, ACTIONS, DEMANDS, CAUSES OF ACTION, OR LIABILITY OF ANY KIND, INCLUDING BUT NOT LIMITED TO LIABILITY FOR NEGLIGENCE BASED UPON THE RESULTS OF ANY TEST CONDUCTED PURSUANT TO THE TERMS OF THE POLICY.

DRUG AND ALCOHOL ABUSE POLICY

I acknowledge that the policy of PharmaCare Services is to have a drug-free and alcohol-free environment. I consent freely and voluntarily to a drug and alcohol test under the circumstances described above along with all the terms and conditions of the substance abuse policy. I also understand that, although I may not agree with the Policy, failure to acknowledge the Policy with my signature below may prohibit my employment with PharmaCare Services or lead to corrective action, up to and including termination.

Employee's Signature

Date

Employee's Printed Name