



DRUG & ALCOHOL ACKNOWLEDGEMENT

Acknowledgement

I acknowledge that I have received Swab Master Ltd. instructions regarding substance abuse prevention. I understand and accept that compliance with this policy is a condition of employment.

Consent

I hereby give my voluntary consent for the medical representative or designate Swab Master Ltd. to collect urine samples from me. I also give consent to test the samples for alcohol, drugs and controlled substance as well as any other necessary tests.

Authorization to Release Information

I authorize all medical representatives to release all negative test results to my employer, Swab Master Ltd. All positive results will be reported to the Safety Consultant representing and advisory for Swab Master Ltd. and / or the companies President. I also agree that the Safety Consultant or President may consult with my personal physician and any other health professional for information as to whether the positive results are consistent with the non-medical use of drugs. The Safety Consultant will inform the President of Swab Master Ltd. with the results and a decision will be concluded at that time.

All information is held in confidence and will only be viewed by Safety Manager and the Management of Swab Master Ltd.

Employee Name(print)

Employee Signature