



Substance Testing Consent Form

Name:	Date of Birth:
Clinical Role:	SSN:

Please review the following statement and then sign below:

I have applied for employment with Windsor Healthcare Recruitment Group, Inc. (WHR). As a condition for my application being considered, I understand and agree to undergo substance screening.

I understand that if my test results are positive, I shall not be considered further by WHR for the related position.

I hereby authorize any physician, laboratory, hospital or medical professional retained by WHR for screening purposes to conduct such screening and to provide the results to WHR. I release WHR and any person affiliated with WHR and any such institution or person conducting the screening, from liability therefore.

Signature:	Date:
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