

EMPLOYEE CONSENT TO DRUG SCREENING

On this day, a copy of the Atkins Drug and Alcohol Policy has been made available to me. Consistent with that policy, I may be/I have been requested by the Company to submit to a screening test for illegal drugs, illegally used legal drugs and/or alcohol which involve the collection of blood, urine and or breath samples and other necessary medical test to determine the presence or use of alcohol, drugs or controlled substances.

I hereby voluntarily consent to provide the Company with samples of blood, urine, and/or breath for such purpose, at laboratories designated by Atkins. I consent to having specimens tested at the selected laboratories. Further, I certify that the specimen collected from me will be mine and will not be adulterated or altered in any manner.

The tests will be used to detect the presence of controlled substances, in addition to other substances for which Atkins may be required to test for under Federal or State law or contractual agreement.

I understand that all screening tests for drugs will be subject to careful testing procedures with mandatory confirmation of any preliminary positive tests. I further understand that if my test indicates a confirmed positive for illegal drugs and I am an employee at the time of the test, I may be subject to discipline, including termination in accordance with the Drug and Alcohol Policy. I will be given reasonable opportunity to explain confirmed positive test for substances other than illegal drugs.

I understand that I may request a copy of any tests taken as part of the screening tests upon receipt of the results by Atkins' Corporate Director of Human Resources, from the laboratory.

I understand the results of these tests and other relevant medical information may be used for employment decisions. I hereby authorize the designated laboratory to release results to Atkins' Corporate Director of Human Resources. I further agree to hold Atkins, its agents, officers and employees harmless from, and waive all claims existing and future for any, and all liability (including negligence) arising in connection with the testing for drugs and/or alcohol.

Agreed to (Print Name): _____ Date: _____

Signature: _____

Witness (Print Name): _____ Date: _____

Signature: _____