



IT'S THE PEOPLE.

418 COUNTY ROAD D EAST, ST. PAUL MN 55117

(651) 772-9225 www.dahlconsulting.com

ACKNOWLEDGEMENT OF NOTIFICATION OF POLICY ON DRUGS AND ALCOHOL TESTING AND CONSENT FOR TESTING

I acknowledge that I have been notified of, and have had an opportunity to read and review Dahl Consulting's (the "Company") Policy on Drugs and Alcohol in the Workplace and Drug and Alcohol Testing. I acknowledge that I have seen the policy and that I can obtain a copy of it upon my request. I understand the conduct that is prohibited by the policy and the consequences of engaging in the prohibited conduct. I understand that submission to testing for the presence of drugs and/or alcohol under the terms stated in the policy is a condition of employment with the Company.

I hereby voluntarily consent that the Company, or its designated clinic or lab and their medical personnel, may collect a blood, urine and/or breath sample(s) from me for testing for drugs and/or alcohol under the terms stated in the policy. I consent that the testing clinic or laboratory may conduct testing or other analysis on any such body samples provided by me and may disclose the test results to the Company or to a Medical Review Officer (MRO), as agent for the Company. I further consent to the release of information within the Company and outside the Company as provided in Minnesota law. If I am an applicant for employment/assignment, I understand that a positive test result may result in the withdrawal of the offer of employment/assignment and disqualification from receiving other offers of employment/assignment during the time frame provided in the policy. If I am an employee, I understand that positive test results may result in my assessment for chemical dependency, and I consent to the release of any information regarding chemical dependency and suggested corrective treatment by any physician or chemical dependency counselor who has evaluated me to the Company. I also understand that positive test results may result in adverse disciplinary action, up to and including termination, under the conditions stated in the policy.

I understand that, should I have positive test result, I have the right and the opportunity to submit additional information to the Company, or any physician or MRO evaluating the results on behalf of the Company, to explain the test results. This information may include any over-the-counter or prescription medications that I am currently taking or have recently taken and any other information relevant to the reliability of, or explanation for, a positive test result.

By signing this form, I hereby release to the Company the results of any such test(s). I further authorize the lab to release the results of such test(s) to the MRO as agent for the Company and to allow the Company to discuss the results with the MRO or other medical personnel/physician collecting or evaluating the specimen, and the testing facility, its directors, officers, agents and employees responsible for administering the aforementioned test(s) or evaluating the results thereof. I further release any testing facility, including its agents or employees, or any physicians or chemical dependency counselors who have tested or evaluated me, from any liability arising from a release of any results, written reports, medical records, and data concerning my test(s) or evaluation of chemical dependency to the appropriate Company officials. Other than as stated above, I understand that any test results will be treated as confidential and not disclosed to third parties without my consent.

Print Name

Date

Signature

XXX-XX-

Last 4-digits of Social Security Number

Address

City, State & Zip Code