

[SUBSTANCE TEST CONSENT, RELEASE AND DISCLOSURE FORM

Applicant/Employee/Contractor Name: _____

As an applicant/employee/contractor, I understand that CHS/Community Health Systems, Inc. and its affiliates (“CHS”) have a strict policy prohibiting the use of Substances including, but not limited to, illegal (“street”) drugs and prescription drugs without a current, valid prescription. I understand that CHS screens for groups of Substances that are commonly used (see list below).

If I am an applicant and test positive for Substances, I understand that I will generally not be eligible for employment. If I am an employee and test positive for Substances, I understand that my employment may be terminated. If I am a contractor and test positive for Substances, I understand that my contractual relationship with CHS may be terminated. However, if I test positive for the use of Substances as a result of the use of prescription drugs for which I have a current, valid prescription and such use is consistent with the prescription, such positive test generally will not limit my status with CHS; provided that, in certain cases, I understand that my status may still be affected by the use of prescription drugs if my position involves patient care or hazardous settings and the use of such drugs could limit my ability to safely perform my duties and obligations to CHS.

I understand that I am being asked to provide a breath, blood, urine, hair, and/or saliva specimen (collectively, a “Specimen”) for testing to determine the presence of alcohol, drugs, or other Substances in my system. I understand that I do not have to provide such Specimens. However, if I choose not to do so, I understand that my refusal will result in the following, as applicable: my permanent disqualification from consideration for employment with CHS; termination of my employment with CHS and ineligibility for rehire; or termination of my contractor relationship with CHS and ineligibility to contract with CHS in the future.

I hereby give consent to and authorize this facility and its affiliates together with each of their agents, employees, physicians, and other health care providers (collectively, the “Testing Group”) to take Specimens and to use such Specimens in any manner that the Testing Group deems appropriate, including, but not limited to, releasing such Specimens to testing laboratories, hospitals, other persons or service providers for testing. I hereby give consent to and authorize the Testing Group to conduct tests for Substances including, but not limited to, drug and alcohol and to release the results of the tests or other information concerning the Specimens to CHS and any of its representatives or to any other persons or firms designated by the Testing Group or CHS. I further consent to and authorize disclosure by the Testing Group and/or CHS to any law enforcement or licensing authorities upon request of such entities without the necessity of a subpoena or other legal process.

I hereby release the Testing Group; any testing laboratory, hospitals, persons, or service providers conducting tests for the Testing Group; and CHS together with any of its officers, agents, employees, physicians, and other health care providers from any and all claims, causes of action, damages, or liabilities arising out of or relating to the testing or use or dissemination of test results, including, but not limited to, all claims for injuries or damages arising out of our relating to the collection of Specimens, procedures, the release of information or results concerning such testing, any action taken regarding any employability or continued employment as a result of such testing and/or test results, and any action taken regarding continued contractual relationship as a result of such testing and/or test results.

Employees (*not applicants or contractors*) are given the opportunity to disclose the illegal use of Substances, **in advance of testing only**, that may result in a positive test to potentially avoid termination of employment. The advance disclosure of drugs for which an employee does not have a current, valid prescription may subject an employee to rehabilitation and reinstatement provisions under the CHS Substance Abuse Policy. This advance disclosure opportunity may be utilized one time only during the employment relationship.

I also understand that, if the test is positive, applicants/employees/contractors may be required to disclose any lawful use of Substances and/or provide explanations for a positive result other than the illegal use of such Substances. This may include the disclosure of medication taken under a lawful prescription. I further understand CHS is not inquiring about any medical condition or disability – only the name of the Substance.

Substances to be tested for include, but are not limited to, the following:

Drug Group	Common Names
Amphetamines	Adderall, Dexidrine, Desoxyn, meth, crystal meth, speed, MDA, bennies, uppers
Cocaine Metabolite	Procaine (Novocaine), crack, coke, rock, benzoylecgonine
Marijuana Metabolites	Cannabinoids, cannabis, grass, dope, reefer, weed, pot, hash, THC
Opiate Metabolites	Empirin w/codeine, Tylenol w/codeine, Robitussin A-C, Laudanum, Roxanol, heroin, codeine, morphine
Phencyclidine	PCP, angel dust, hog
Barbiturates	Amytal, Nebutal, Seconal, Phenobarbital, Barbitol, Butalbital, barbs, reds, yellows, downers
Benzodiazepines	Alpraxolam, Ativan, Halcyon, Librium, Valium, Xanax, Versed, Benzadrine, downers, sleeping pills
Methadone	Amidone, Dolophine, fizzies
Methaqualone	Quaalude, ludes
Propoxyphene	Darvon, Darvocet, Dolene, yellow footballs
Meperidine	Demerol
Oxycodone	Oxycontin, Percocet, Percodan, Endocet
Hydromorphone	Dilaudid
Hydrocodone	Lortab, Vicodin
Fentanyl	Actiq, Duragesic, Sublimaze, apache, china white

Consent and Disclosure

I have read the foregoing and:

1. Consent (check one)

- I consent to provide a Specimen for use in the manner described herein; or**
- I refuse to provide a Specimen for use in the manner described herein. I understand that my refusal is grounds for disqualification from employment consideration, immediate termination of employment, or immediate termination of contractual relationship, as applicable.**

2. Disclosure (check one)

- I wish to disclose that I am currently taking the following Substances:**

- I understand that, for any prescription drugs, I must provide a copy of a current, valid prescription to the Medical Review Officer or other designated representative prior to being cleared regarding any positive results.**
- I do not wish to disclose any Substances.**

Signature Date Witness's Signature Date

Additional Consent for Individuals under the Age of 18

As the parent and/or guardian of the individual named above, I hereby consent to and authorize the provision of the Specimens to CHS and the Testing Group and consent to the disclosure of Substances, if applicable. **I understand that I will be notified if the results for the individual named above has a positive result for an illegal substance.**

Parent and/or Guardian's Signature Date