



Albert Einstein College of Medicine

Pre-Employment Drug Testing Acknowledgement and Consent Form

I have received a copy of Albert Einstein College of Medicine policy regarding pre-employment drug testing and the documents referred to in the policy. I have reviewed the policy and the documents, and I have received an opportunity to ask questions about the policy and the documents.

I understand the terms of the policy and I understand that I will not be eligible to work, train or volunteer at Albert Einstein College of Medicine if I receive a positive drug test result or two negative dilute results.

I voluntarily consent to the pre-employment drug testing described in the policy and related documents.

I hereby authorize the certified laboratory and Medical Review Officer referred to in the policy to provide the results of such testing to Albert Einstein College of Medicine.

Applicant Name (Print)

Applicant Signature

Date