

EMPLOYEE CONSENT FORM

I hereby acknowledge receipt of Morning Glory Homecare, Drug-Free Workplace Policy regarding drugs and alcohol. I have read and understand this policy. I understand that refusal to submit to any drug testing required by this policy or a positive test result is grounds for disciplinary action up to and including termination. Furthermore, I authorize the release of the test results to my employer, and/or on post-accident tests, the Company's workers' compensation insurance carrier and understand that refusal to release these results is grounds for disciplinary action up to and including termination. I understand that if I test positive for drugs or alcohol following an on-the-job accident, I may be ineligible for workers' compensation benefits or have benefits reduced by 50% as allowed by law. I recognize that the Company's policy on drugs and alcohol does not constitute an expressed or implied contract of employment. As a condition of continued employment, employees must sign the attached consent form and comply with the policy. I have read and understand this policy and will abide by it as a condition of my employment.

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

DRUG TEST CONSENT AGREEMENT

I voluntarily consent to testing by a doctor, medical center, hospital, laboratory or medically qualified personnel. Furthermore, I release Morning Glory Homecare from any liability incurred from this testing requirement.

NAME: _____

DATE: _____ SSN: _____

WITNESS: _____ DATE: _____