

**PARTICIPANT DRUG TEST RESULTS  
RELEASE FORM**

I, \_\_\_\_\_, state that I have been tested for drugs within the last ninety (90) days, and/or I have been part of a random testing pool for thirty (30) of the past one hundred twenty (120) days.

I, \_\_\_\_\_, voluntarily authorize CJ Cooper & Associates \_\_\_\_\_ to disclose the results of my drug test performed on \_\_\_\_\_ to Mr. David Plotz President \_\_\_\_\_ of Pearson Wall Systems, Inc.

I also voluntarily authorize the administrator of any random testing program in which I participated within the past one hundred twenty (120) days to release and identify for \_\_\_\_\_ Pearson Wall Systems, Inc. \_\_\_\_\_ my inclusion in the random testing pool for thirty (30) of the past one hundred twenty (120) days.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**PROSPECTIVE EMPLOYEE/PARTICIPANT  
DRUG TESTING CONSENT FORM**

I, \_\_\_\_\_, am a prospective Employee/ Participant seeking employment with \_\_\_\_\_. I have been provided a copy of the Company's drug testing program, which includes a list of drugs for which pre-employment testing will be conducted.

I hereby consent to participate in drug testing consistent with the terms of the Company's policy under Iowa law. I also authorize the release of my test results from the testing laboratory to the medical Review Officer (MRO), the designated Employer Representative of \_\_\_\_\_, and the designated program administrator.

I understand that if I unreasonably refuse to provide a drug test sample or if the test results show a confirmed positive test in violation of the Company's policy, I will be unqualified for employment and my application or contingent offer of employment will be withdrawn and rejected.

I am aware that testing is required under the terms of the labor agreement between the Company and \_\_\_\_\_, and that I am represented by Local \_\_\_\_\_ under the contract, even if I choose not to become a union member. I agree that any disputes, claims, or grievances I may have related to such testing are subject to the labor contract grievance procedure as the exclusive process and remedy.

\_\_\_\_\_  
Prospective Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

**CURRENT EMPLOYEE/PARTICIPANT  
DRUG TESTING CONSENT FORM**

I, \_\_\_\_\_, voluntarily consent to participate in drug testing consistent with the terms of the Company's drug testing policy, a copy of which has been provided to me, inclusive of a list of the drugs for which testing will be conducted.

I consent to and authorize the testing laboratory to release my test results to the Medical Review Officer (MRO), the designated Company representative, and the designated program administrator.

I understand that I will violate Company policy if I unreasonably refuse to provide an appropriate test sample or if the result of my drug test is a confirmed positive in violation of the Company's policy.

I am aware that testing is required under the terms of the labor agreement between the Company and

\_\_\_\_\_, and that I am represented by Local \_\_\_\_\_ under the contract, even if I choose not to become a union member. I agree that any disputes, claims, or grievances I may have related to such testing are subject to the labor contract grievance procedure as the exclusive process and remedy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date