

## ActivePT, Corp. Drug Testing Consent Form

I have applied for employment with ActivePT, Corp. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by ActivePT, Corp.

I hereby authorize any physician, laboratory, hospital or medical professional retained by ActivePT, Corp. for screening purposes to conduct such screening and to provide the results to ActivePT, Corp. and I release ActivePT, Corp. and any person affiliated with ActivePT, Corp. and any such institution or person conducting the screening, from liability therefore.

Applicant's signature: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Date: \_\_\_\_\_