

MedScreens Random Testing Program

Client Agreement

Attention:

In order to participate in MedScreen's Random Program:

- ***Sign and Date all of the enclosed forms.***
- ***Return the enclosed forms along with the appropriate Fee.***
- ***You may also register and pay online at our website.
www.MedScreensInc.com***

DNA, DRUG, ALCOHOL & BLOOD TESTING

MedScreens Random Drug and Alcohol Testing Program

Client Agreement

This agreement is for Random Drug and Alcohol Testing program between MedScreens, Inc. and "the company" listed below for the upcoming calendar year.

Company Name: _____

Authorized Contact: _____

Contact Phone: _____

eMail Address: _____

Address: _____

City: _____ Zip: _____ State: _____

Company's DOT Agency: ☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG**Non DOT Company:** ☐ Non-DOT**Preferred Random Program and Communication:**

- ☐ **Random Consortium Program** (*requires < 6 employees, pooled with other companies)
 - ☐ Mail me my documents - \$150.00 Annual Fee
 - ☐ eMail me my documents - \$125.00 Annual Fee (*be sure to check your spam email folder)
- ☐ **Random Stand Alone Program** (*requires at least 2 employees, in a pool by yourself)
 - ☐ Mail me my documents - \$175.00 Annual Fee
 - ☐ eMail me my documents - \$150.00 Annual Fee (*be sure to check your spam email folder)

MedScreens will provide a Random Consortium Program that meets or exceeds DOT Requirements for "the company's" specific DOT Agency.

"The company" has reviewed MedScreens guidelines for participation and agrees to comply with these guidelines.

"The company" acknowledges that failure to comply with these guidelines will result in Non-Compliance Fees and could potentially result in early termination from the Random Testing Program.

"The company" recognizes that MedScreens is not responsible for any fines or disciplinary action taken on "the company" by the Department of Transportation due to Non-Compliance issues.

Client's Authorized Printed Name

Client's Authorized Signature

Date

MedScreens, Inc.
Info@MedScreensInc.com3825 Hwy 80E
Pearl, MS 39208Phone: 601-939-3030
Fax: 601-939-3042

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Our program will meet or exceed DOT Requirements as listed in CFR 49 Part 40 and 382. In order to meet these requirements MedScreens must enforce strict Rules and Regulations on Random Program participants. Your lack of participation and compliance in the program could cause other participants to be in violation of DOT regulations! MedScreens will charge Non-Compliance fees for each violation.

As a participant you are expected to adhere to the following guidelines. Failure to adhere to the following guidelines will result in a \$25 Non-Compliance Fee by MedScreens, potential eviction from the Random Program and possible Violation of DOT Rules & Regulations which could lead to substantial fines and consequences for your company!

- Any changes made regarding employee(s) [new hires, terminated employees, deceased employees or any employee who will be on an extended leave of absence] must be submitted to MedScreens in a timely manner to ensure that your company file remains up to date. **These changes must be submitted to MedScreens in writing prior to the beginning of the quarter: January 1st, April 1st, July 1st and October 1st.**
- **Any employee who is selected for a Random drug or alcohol test must present to the collection site within the selection period. If the selected employee is no longer employed with your company a \$25 Non-Compliance fee will be charged. If the selected employee does not show for testing during the quarter your company may be evicted from the Random Program.**

DOT Policy

- Each employee selected for testing shall be tested during the selection period.
- Employees **CANNOT** be excused from a random test unless an allowable explanation can be documented such as they are no longer employed, they are deceased, or they are on an extended leave of absence during the testing period.
- It is the employer's responsibility to ensure that random alcohol and controlled substances tests conducted are unannounced.
- The employee cannot have advance notice of the test – he/she should not be notified of the test unless he/she can report immediately for the test.
- It is required that each employee who is notified of selection for random alcohol and/or controlled substances testing must proceed to the test site immediately.

Client's Authorized Printed Name_____
Client's Authorized Signature_____
Date

DNA, DRUG, ALCOHOL & BLOOD TESTING

Employee Update Form**Immediately submit any changes in your company's eligible employees to MedScreens.***(It is extremely important to submit employee changes as they occur).***Make copies of this form to utilize for future changes.****Company Name:** _____**DOT Agency:** ☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG**Non-DOT Company:** ☐ Non-DOT**All Eligible Employees for random selection**

Employee Name	Social Security Number
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Employees no longer eligible for random selection

Employee Name	Social Security Number
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Mail or fax this form to MedScreens as soon as possible!**Mail To:**MedScreens, Inc.
ATTN: Rob Osborne
PO Box 320565
Flowood, MS 39232**Fax To:**MedScreens, Inc.
ATTN: Rob Osborne
601.939.3042_____
Client's Authorized Printed Name_____
Client's Authorized Signature_____
DateMedScreens, Inc.
Info@MedScreensInc.com3825 Hwy 80E
Pearl, MS 39208Phone: 601-939-3030
Fax: 601-939-3042