

PRE-EMPLOYMENT DRUG TESTING CONSENT FORM

I, the undersigned, understand that it is Tektronix' practice to require that job candidates consent to provide a sample of their urine for analysis and testing by an independent laboratory for the following prohibited drugs and their by-products: Amphetamines/Methamphetamines, Cocaine, Opiates (Heroin, Morphine, Codeine) Phencyclidine (PCP), Marijuana.

I hereby voluntarily consent to provide a specimen of my urine in order to be tested for the presence of the drugs specified above and authorize the release of the results of these tests to the Medical Review Officer ("MRO") and Tektronix. I hereby release Tektronix, Inc., its officers, employees and agents, as well as the MRO and independent laboratory, from any and all liability and any claims of any nature whatsoever that may arise from or be related to the testing, the disclosure to Tektronix and the MRO and the use of such tests.

I understand that I will not be eligible for employment by Tektronix for six (6) months from the date of the contingent offer if I refuse to proceed with the testing or I do not pass the drug test.

I understand that I must present myself and provide a specimen at the collection facility designated by Tektronix within 3 business days from the time an offer is extended (verbal or written, whichever comes first). In addition, I understand that if I neglect to do so within the time period specified, any contingent offer of employment made by Tektronix will not be finalized. I also understand that if I neglect to do so within the time period specified, I will not be eligible for any form of employment with Tektronix for a period of six (6) months from the date of the contingent offer.

Applicant Signature:		Date:
Print Last Name:	First:	Middle:

I refuse to consent to the requested drug test and understand that this refusal is considered voluntary withdrawal of my application for six (6) months from this date.

Applicant Signature:		Date:	
Print Last Name:	First:	Middle:	