

# Memorandum of understanding and consent

I understand that submitting to and successfully passing a screening on drugs and alcohol is a condition of employment of the company as stated below. I hereby consent to such a screening and agree to cooperate fully. I hereby consent to the release of tests results on any specimen collected and analysed by Maritime Medical Diagnostics to:

under the condition of professional secrecy of all persons who gain knowledge by virtue of their profession.

**1.** Are you currently taking medication prescribed by a physician?  Yes  No

If yes, specify:

---

---

**2.** Are you currently taking medication which can be purchased without a prescription (cold tablets, nose drops, vitamins, eye drops, etc.)  Yes  No

If yes, specify:

---

---

Name ship

---

Collection date urine

---

Surname and initial(s)

---

Date of birth

---

Passport / ID

---

*Signature employee*

*Signature witness*