



Drug Testing Policy Statement

Blood Tests and Urinalysis

As a prerequisite or condition to my employment, I understand that during my employment at USA Pools, I may be requested to undergo blood tests and/or urinalysis. I understand that at the time of any such examination, I will be required to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations. Finally, I understand that the results of any such examinations shall be made available only to selected personnel and only on a strict confidential basis.

Statement of Understanding

The undersigned states that he or she has read the statement above of USA Pools Drug Testing Policy Statement, and understands the contents thereof.

Name _____
(Please Print)

Social Security Number _____

Signature

Date