

**Exhibit B**

**FREDONIA REGIONAL HOSPITAL**  
**Employee Drug- and Alcohol-Free Workplace Acknowledgment**

It is the policy of Fredonia Regional Hospital that all applicants which receive a conditional offer of employment, submit to a drug test to document that they are drug free.

**FREDONIA REGIONAL HOSPITAL**  
**Pre-Employment Drug Screening Consent Form**

I understand that all applicants who have received an “offer to hire” from **Fredonia Regional Hospital (“Company”)**, are required, as a condition of employment, to take a drug screening test.

I consent freely and voluntarily to the Company’s request for a urine or other specimen or sample for the purpose of determining the presence of drugs, or other controlled substances, and I authorize (**Clinical Reference Laboratory**), its physicians, technicians and laboratories to do so. Further, I understand and agree that the results of those tests may be given to a Medical Review Officer (MRO) and/or a Company designee for review.

I understand that either failure to submit a specimen or sample or if analysis reveals the presence of drugs, or other controlled substances, the “offer to hire” is immediately and wholly revoked and I will be disqualified from any further employment consideration for a period of two (2) years from the effective date of the disqualification action.

I hold harmless the Company, its officers, agents, employees, shareholders, directors and volunteers as well as the testing agency from any claims I may have against any or all of them arising out of the drug screening test and its use to determine whether I may be employed by the Company.

I have read this form in full and understand the above statements and that the “offer to hire” is contingent upon the conditions set forth herein.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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