

Drug-Free Workplace Program Acknowledgement

I hereby acknowledge that I have received and read Medic Air Systems, Inc.'s Florida Drug-Free Workplace Program, a summary of the drugs which may alter or affect a drug test and a list of local Employee Assistance Program providers or local drug and alcohol treatment programs. I have had an opportunity to have all aspects of this material fully explained. I also understand that I must abide by the Program as a condition of initial and/or continued employment, and any violation may result in disciplinary action up to and including termination.

I also understand that during my employment I may be required to submit to testing for the presence of drugs or alcohol in my body. I understand that submission to such testing is a condition of employment with Company, and disciplinary action up to and including termination may result if:

- 1) I refuse to consent to testing.
- 2) I refuse to execute all forms of consent and release of liability that are usually and reasonably associated with such examinations.
- 3) I refuse to authorize release of the test results to the company.
- 4) The tests establish a violation of [Company]'s Drug-Free Workplace Policy.
- 5) I otherwise violate the policy.

I understand that if I am injured in the course and scope of my employment and test positive or refuse to be tested, I forfeit my eligibility for medical and indemnity benefits under the Workers' Compensation Act upon exhaustion of the remedies provided in Florida Statute 440.102(5).

I further understand that this policy, along with a list of organizations and resources that can provide assistance for alcohol or drugs problems, is posted on the Company website www.medicairsystems.com; and I agree to review any changes to this policy that will be posted on the website should the Company notify via email.

I also recognize that the Drug-Free Workplace Policy and related documents are not intended to constitute a contract between Company and me.

The undersigned further states that he/she has read and understands the above acknowledgement and signs below of his/her own free will.

SIGNATURE

DATE

EMAIL