



LewisGale Regional Health System

HCA Virginia
An HCA affiliate

- ◇ I have read the “Substance Use in the Workplace” policy.
- ◇ I understand that it is my responsibility to adhere to this policy, and that non-compliance may lead to my immediate removal from campus.
- ◇ I understand that under “reasonable suspicion”, I may be required to submit to a search and drug testing.

Student Signature

Date

School Affiliation