

**EXHIBIT B**

**ACKNOWLEDGEMENT FORM  
(CONFIDENTIAL)**

I hereby acknowledge that I have received a copy of HealthSouth's Drug and Alcohol Policy and agree that I will read the policy. I understand that there may be situations where I will be required to take a drug test or submit to a search. I also understand that if I refuse to take the test or allow a search or if a test proves positive, I may be withdrawn from my clinical rotation at the facility. I further understand that I may be required to submit to a blood or urine test should I be involved in a work related accident, and that my failure or refusal to submit to, cooperate with or testing positive following such an incident may result in the forfeiture of continuing my clinical rotation with the facility. I also understand that upon my request I will be provided a list of all drugs / substances for which tests will be conducted. I further understand that adherence to HealthSouth's policy on drugs and alcohol is a condition of clinical rotation for all students and hereby consent to and accept this policy as a condition of my rotation.

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**Student Signature**

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**Date**