

OLEAN CITY SCHOOL DISTRICT
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VERIFICATION OF CANCER SCREENING APPOINTMENT

To be completed by Employee:

Employee Name:
Date of Birth:
Address:
Telephone Number:
Name of Facility:
Date:
Time:
Annual allotted time for cancer screening (July 1 – June 30): OTA – ½ Day OESPA – 4 hours

To be completed by the Screening Facility:

This is verification that the above identified employee appeared for his/her screening.
Printed Name:
Signature:
Contact Telephone:
Physician Stamp (If applicable):

*Return to Director of Human Resources – Olean High School