

MAMARONECK UNION FREE SCHOOL DISTRICT



Office of Human Resources
1000 W. Boston Post Road
Mamaroneck, NY 10543
Tel. 914 220-3020; Fax. 914 220-3026

Cancer Screening Verification Form

Section 1: Completed by Employee

Employee Name _____ Position _____

Building _____ Dept. _____

This is to verify that the employee identified above appeared at the facility listed below on the specific date and time:

(Name of Facility) (Date) (Time)

For the purpose of: _____

(Employee Signature) (Date)

******Please note a maximum of 4 hours total for all cancer screenings can be taken in a 12 month period.***

Section 2: Completed by Cancer Screening Facility

The employee of the cancer screening facility who can verify that the cancer screening was completed, as specified above:

(Printed Name of Employee) (Title) (Phone #)

(Employee Signature) (Date)

(Physician Signature/Stamp)

Completed forms with original signatures/physician stamp must be returned by the employee to the Office of Human Resources.