

PLATTSBURGH CITY SCHOOL DISTRICT

**CANCER SCREENING FORM PART 1: NOTIFICATION**

To be completed by the employee and forwarded to the District Office as soon in advance of the screening appointment as possible. Detach Part 2 before forwarding Part 1.

Employee Name \_\_\_\_\_

Employee Job Title \_\_\_\_\_

District Work Location \_\_\_\_\_ Regular Work Hours (From/To) \_\_\_\_\_

Lunch Time (From/To) \_\_\_\_\_

Date of Appointment \_\_\_\_\_ Appointment Time \_\_\_\_\_

Location of Screening Facility \_\_\_\_\_

Leave requested from \_\_\_\_\_ am/pm to approximately \_\_\_\_\_ am/pm.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

----- **Detach** -----

PLATTSBURGH CITY SCHOOL DISTRICT

**CANCER SCREENING FORM PART 2: VERIFICATION**

To be completed and signed by screening facility personnel and returned by the employee to the District Office within one week following the screening.

\_\_\_\_\_ underwent screening for cancer  
(print employee name)

on \_\_\_\_\_ from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
(month/day/year)

at \_\_\_\_\_  
(print name and location of screening facility)

\_\_\_\_\_  
Screening Facility Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date