

MAHOPAC CENTRAL SCHOOL DISTRICT



Anthony DiCarlo
Superintendent of Schools

Debra Legato
Assistant Superintendent for Human Resources

VERIFICATION OF CANCER SCREENING VISIT

Name of Patient: _____

Date of Appointment: _____

Time: _____

Date of Appointment: _____

Time: _____

Date of Appointment: _____

Time: _____

Screening Provider (Please fill in or stamp):

Name and/or Company: _____

Address: _____

City, State, Zip: _____

The person signing below verifies that the employee named herein attended the above scheduled appointment(s) for the purpose of receiving a cancer screening test.

Signature of Medical Technician Performing Test

Title

Note: The employee must have the attached form signed by the attending medical technician at the time of the screening appointment, and **return it to the Office of Human Resources** in order for this leave to qualify as paid time. A maximum of four (4) hours/year may be granted for this purpose, and only for time that conflicts with the employee's normal working hours.

cc: Personnel File