

OLEAN CITY SCHOOL DISTRICT
410 West Sullivan Street • Olean, New York 14760
<http://www.oleanschools.org>
General Information (716) 375-8000
Fax (716) 375-8047



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