



**Croton-Harmon School District**

District Office 10 Gerstein Street

Croton-on-Hudson, NY 10520

Tel: (914) 271-4713 ext. 4267

VERIFICATION OF CANCER SCREENING APPOINTMENT

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***To be Completed by Employee:***

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

District Location: \_\_\_\_\_

This is to certify that I appeared at: \_\_\_\_\_ (name of facility)

on: \_\_\_\_\_ (date) at: \_\_\_\_\_ (time) for the purpose of a

screening for cancer.

***To be Completed by the Screening Facility:***

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact telephone: \_\_\_\_\_

Physician Stamp: \_\_\_\_\_

Return completed form to the Maura Costello at the District Office

Email to: [Maura.Costello@chufsd.org](mailto:Maura.Costello@chufsd.org)