OLEAN CITY SCHOOL DISTRICT
410 West Sullivan Street • Olean, New York 14760

http://www.oleanschools.org
Human Resources (716) 375-8032
Fax (716) 375-8916

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 Academic Services/Human Resources office in the Olean High School