



The New York Institute for Special Education
999 Pelham Pkwy
Bronx, NY 10469-4998

VERIFICATION OF CANCER SCREENING APPOINTMENT

To be completed by employee:

Employee Name: _____
Please print

Employee Signature: _____

This is to verify that the above-identified employee was screened for breast or prostate cancer.

To be completed by the Health Care Facility:

Name of the Health Care Facility: _____
Please print

Date of Screening: _____

Time of Screening: _____

Health Care Provider's Signature: _____

The above-identified employee was screened for:

____ Breast Cancer

____ Prostate Cancer

Completed forms should be submitted to the Human Resource Department