



Croton-Harmon School District
District Office 10 Gerstein Street
Croton-on-Hudson, NY 10520
Tel: (914) 271-6510 Fax: (914) 271-827-3185

VERIFICATION OF CANCER SCREENING APPOINTMENT

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 District Office