

**SUNY Oneonta**  
**Cancer Screening Form**

**To be completed and signed by screening facility personnel and returned by the employee to the Payroll Office, 214 Netzer or fax 607/436-2606 within one week following the screening.**

Please complete the following information to verify the employee underwent Cancer Screening:

Name (please print) \_\_\_\_\_

Date \_\_\_\_\_ (month/day/year)

Arrival Time \_\_\_\_\_

Departure Time \_\_\_\_\_

Facility Name and Location

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Screening Facility Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date