

Office of Human Resources

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CONFIDENTIAL MEDICAL STATEMENT FOR CANCER SCREENING LEAVE

Today's Date:	
This is to certify that	had a <u>cancer screening</u> on
Cancer screening includes physical exams, blood we	ork, or other laboratory tests for the detection of cancer.
Provider:	
Name (please print)	
Address	
Phone Number	Fax Number
Signature of appropriate medical practitioner	Date:
Note: Rubber stamps and initialized sig	gnatures of non-practitioners are not acceptable.
I hereby release the above information to my empl	oyer Binghamton University.
Signature of Employee	Date