CONFIDENTIAL MEDICAL STATEMENT
FOR CANCER SCREENING LEAVE

Today’s Date: ________________

This is to certify that _____________________________ had a cancer screening on _________________.

Cancer screening includes physical exams, blood work, 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 signatures of non-practitioners are not acceptable.

I hereby release the above information to my employer Binghamton University.

Signature of Employee _________________________________________ Date ________________