

Cancer Screening Leave Form

To be completed by employee (please type or print)

Employee Name:		
Screening Type: (<i>check one</i>)	<input type="checkbox"/>	Breast Cancer
	<input type="checkbox"/>	Prostate Cancer
Health care Provider:		
Date of Service:		
Time out of Work (Including travel time)	From	To:

To be completed by Health Care Provider

This is to certify that I provided health care services as noted above for the purpose of cancer screening as noted above.

Signature of Health Care Provider

Date