

DELAWARE COUNTY PERSONNEL OFFICE
1 COURTHOUSE SQUARE - STE 2, DELHI, NEW YORK 13753

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Linda Pinner
Personnel Officer



Nancy Milea Personnel Technician
Brenda Stone, Sr. Human Resource Clerk I
Frances Ackerly, Human Resource Clerk
Julie Field, Personnel Clerk

CANCER SCREENING STATEMENT BY A HEALTHCARE PROVIDER

I am submitting the Cancer Screening form as I have undergone a cancer screening procedure.

Date of appointment: _____

Time of appointment: _____

Healthcare Provider (Physician, Medical Office, Imaging Centers, Hospitals, etc.)

Name: _____

Address: _____

Healthcare Provider Signature: _____

Date: _____

I affirm that the statements made on this form are true and correct under penalty of law.

(Employee Signature)

(Print Name)

(Date)