



Every Child, Every Chance, Every Day

Cancer Screening Verification Form

This form is to be completed by screening facility personnel and returned by the employee to the office of the Assistant Superintendent for Business, Anne Marie Quartironi.

_____ underwent screening for (check one) _____ breast cancer or

_____ prostate cancer on _____ am/pm _____ at _____.

Screening facility Authorized Signature _____ Date _____

BCSD Employee Signature _____ Date _____