

LONG BEACH PUBLIC SCHOOLS

Verification of Cancer Screening Appointment (Return completed form to the benefits office.)

To be completed by Employee (Please print):

Employee Name: _____

Building: _____

This is to verify that I appeared

at: _____ *(Name of Facility)*

on: _____ *(Date)*

at: _____ *(Time)*

for the purpose of screening for:

Breast Cancer/ Prostate Cancer

Signature of employee: _____