

**Franklin Central School District**  
**PO Box 888**  
**Franklin, NY 13775**  
**Ph: 607-829-3551**  
**Fax: 607-829-2101**

### **CANCER SCREENING FORM**

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