

**DELAWARE COUNTY PERSONNEL OFFICE**  
**1 COURTHOUSE SQUARE - STE 2, DELHI, NEW YORK 13753**  
**TELEPHONE #: (607) 832-5678**  
**FAX #: (607) 832-6044**  
**HEALTH INSURANCE #: (607) 832-5678**

**Carrara Knoetgen, Personnel Officer**



**Brenda Stone,  
Frances Ackerly,  
DeAnna Backus,  
Lynn Board,**

**Personnel Technician  
Sr. Human Resource Clerk I  
Human Resource Clerk  
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)