

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,
Wendy Layton,**

**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)