



Office of Human Resources

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Today's Date: _____

This is to certify that _____ had a cancer screening on _____.

Cancer screening includes physical exams, blood work, or other laboratory tests for the detection of cancer.

Signature of appropriate medical practitioner _____ Date: _____

Note: Rubber stamps and initialized signatures of non-practitioners are not acceptable.

I hereby release the above information to my employer Binghamton University.

Signature of Employee _____ Date _____