

Newfield Central School District

In order to take advantage of the excused paid time off for breast and prostate cancer screening, please have your doctor sign and fill out the information below. This completed form should be returned to the business office no later than two (2) school days after your appointment. Thank you.

_____ was seen on _____
(print patient name) (date)

at _____

(print name and address of medical facility)

for (check one) breast cancer screening

prostate cancer screening

(signature of physician)

(print name of physician)