



Cancer Screening Leave Form

To be completed by employee (please type or print)

Employee Name:		
Covered Services:	Cancer screening includes physical exams, blood work or other laboratory tests for the detection of cancer.	
Health care Provider:		
Date of Service:		
Time out of Work (Including travel time)	From	To:

To be completed by Health Care Provider

This is to certify that I provided health care services as noted above for the purpose of cancer screening.

Signature of Health Care Provider

Date