

PRINT CLEARLY

User Last Name: _____

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User First Name: _____

Personal Identification # (4-digit PIN)
If not completed, a PIN will be assigned.

Extension: _____

Manager Name: Roxana Caraman Manager Ext. 75130

To gain access to the dispensing units, please bring this completed form to the Linen Department to have a Scrub Card issued.

Locations and operating times:

UH - Rm C1-307 ext. 35075, 7:30 am-8:30 am & 1:00 pm-1:45 pm

VH - Rm A1-400 ext. 52012, 7:30 am-9:00 am & 1:00 pm-2:00 pm

NOTE: All Students, Clerks & Residents are required to pay a refundable \$50 deposit fee for 2 sets of OR Green Scrubs.

Please choose one of the following for Occupation and one for Department:

Occupation

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Resident \$50 |
| <input type="checkbox"/> | Clinical Clerk \$50 |
| <input type="checkbox"/> | Student \$50 |
| <input type="checkbox"/> | Coordinator |
| <input type="checkbox"/> | ESW Mngmt |
| <input type="checkbox"/> | Fellow |
| <input type="checkbox"/> | Food Services |
| <input type="checkbox"/> | Nurse Pract. |
| <input type="checkbox"/> | Perfusionist |
| <input type="checkbox"/> | Physician |
| <input type="checkbox"/> | Porter |
| <input type="checkbox"/> | Reg. Nurse |
| <input type="checkbox"/> | Research Asst. |
| <input type="checkbox"/> | SSW |
| <input type="checkbox"/> | Technologist |

Other (specify) _____

Department

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Resident \$50 |
| <input type="checkbox"/> | Clinical Clerk \$50 |
| <input type="checkbox"/> | Student \$50 |
| <input type="checkbox"/> | Anesthesia |
| <input type="checkbox"/> | Biomed |
| <input type="checkbox"/> | Cardiology |
| <input type="checkbox"/> | Clinical Education |
| <input type="checkbox"/> | Dentistry |
| <input type="checkbox"/> | Emergency |
| <input type="checkbox"/> | EP/CIU |
| <input type="checkbox"/> | ESW |
| <input type="checkbox"/> | Food Services |
| <input type="checkbox"/> | Maintenance |

Other (specify) _____

Department

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Ob/Gyn |
| <input type="checkbox"/> | OR Staff |
| <input type="checkbox"/> | Perfusion |
| <input type="checkbox"/> | Portering |
| <input type="checkbox"/> | Radiology |
| <input type="checkbox"/> | REI Lab |
| <input type="checkbox"/> | SPD |
| <input type="checkbox"/> | SSW |
| <input type="checkbox"/> | Surgery |

Sizes: Choose your appropriate size.

- | | |
|--------------------------|---------|
| <input type="checkbox"/> | X-Small |
| <input type="checkbox"/> | Small |
| <input type="checkbox"/> | Medium |
| <input type="checkbox"/> | Large |

- | | |
|--------------------------|----------|
| <input type="checkbox"/> | X-Large |
| <input type="checkbox"/> | 2X-Large |
| <input type="checkbox"/> | 3X-Large |



Authorizing Signature (Director/Manager/Coordinator)

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Expiration Date for STUDENTS

BUSINESS OFFICE USE ONLY

Date: _____

Amount of Deposit received _____

Business Office Verification _____

Deposit to LHS 51001- 4252001