

**MOHAWK VALLEY COMMUNITY COLLEGE
UTICA AND ROME, NEW YORK**

CANCER SCREENING POLICY & PROCEDURE

Policy

In an effort to promote wellness to all full-time College employees, each employee is allowed up to eight (8) hours each year to obtain health screening(s) to prevent and screen for cancer. Cancer screenings may include, but are not limited to, screenings for breast, lung, prostate, and colon cancer.

Procedure

Employees electing paid time off for cancer screening(s) must complete the College's Healthcare Provider Cancer Screening Statement form and return it to Human Resources. This form must also be signed by a licensed medical professional.

**HEALTHCARE PROVIDER
CANCER SCREENING STATEMENT**

Healthcare Provider - Please complete this form and sign after completing a cancer screening evaluation on the following patient.

Patient Name (Please Print): _____

Appointment Date: _____ Time (AM/PM): _____

Healthcare Provider Name: _____
(Please Print) (Physicians, Imaging Centers, Hospitals, etc.)

Address: _____

I, _____ attest that the above named
(Signature)
patient received a cancer screening (*Cancer screenings may include, but are not limited to, screenings for breast, lung, prostate, and colon cancer.*).

Healthcare Provider Signature: _____
(Doctor, Nurse Practitioner, Nurse, Technician, Medical Office Personnel)

On _____ (date), I used _____ hours of paid cancer screening leave,
which includes appointment and travel time.

Employee Signature: _____