TO: Occupational Health Services

COMPANY: Dana Farber Cancer Institute

FAX NUMBER: 617-632-5418

PHONE NUMBER: 617-632-3016

RE: Immunization Records

FOR REVIEW

PLEASE CHECK THE APPLICABLE CATEGORY BELOW:

☐ New DFCI employee. My health screen is scheduled for ____________ (Date/Time)

☐ Clinical Observership/Shadowing. I will be here for ____________ (Number of days/weeks)

☐ Graduate Student doing a lab rotation. I will be here for ____________ (Number of weeks)

☐ New Summer Hire.

☐ Clinical Rotation (MD’s, PA’s, NP’s, RN’s etc.).

☐ Privileged Employee coming here through another institute to see patients/work on a project.

☐ I am a returning DFCI employee.

☐ Other: Please explain ______________________________________

________________________________________________________

******CONFIDENTIALITY NOTICE******

WARNING: This facsimile transmission is intended only for the addressee named above. It contains information that is privileged, confidential, or otherwise protected from use and disclosure. If you are not the intended recipient or their designee, you are hereby notified that any review, disclosure, copying or dissemination of the transmission or the taking of any action in reliance on its contents, or other use is strictly prohibited. If you have received this transmission in error, please notify us by telephone immediately so that we can arrange for its return to us. Thank you for your cooperation.