

St. John Health ScrubAvail User Data Collection Sheet

Please return to Don Voss, Linen Department

Fax # 313-343-8792

User Last Name

User First Name

Phone Extension

Occupation

Department

Department #

Circle your size from the chart below

Please Select appropriate box

Size Codes	
Small	1
Medium	3
Large	5
X-Large	7
2X-Large	9
3X-Large	11

Physician	<input type="checkbox"/>
Nurse	<input type="checkbox"/>
Student	<input type="checkbox"/>
Resident	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>
Environmental	<input type="checkbox"/>
BioMed	<input type="checkbox"/>
Other	<input type="checkbox"/>

If unsure of size please select next size up

You must get your badge ID number from the Security Dept.

Department Manager Signature: _____

FOR ADMINISTRATION USE ONLY

ASSIGN THE APPROPRIATE DISPENSING AND RECEIVING UNITS FOR THE USER.

Place Check In The Appropriate Box/ Boxes

A	O.R. #1	Dispenser	128
B	Cross Over	Dispenser / Receiver	128
C	L&D	Dispenser	128
D	L&D	Receiver	128
E	O.R.	Receiver	128
F	O.R. #2	Dispenser	128

Expiration date for student
(if needed)

____/____/____