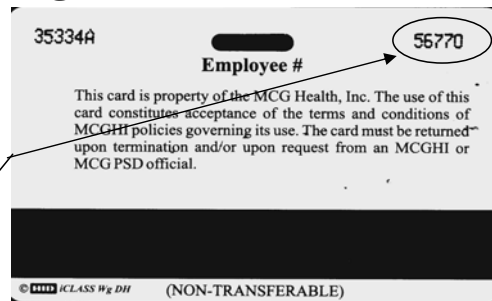


Medical College of Georgia

Scrub Suit Size Form PRINT CLEARLY



Last Name _____

First Name _____

MCGHI Hospital Badge # _____

(Up to 6 Digits - See example - upper right corner # 56770)

Contact Phone/Pager #: _____

Note: Badge Used for scrubEx Access

Physicians

Service/Department: _____

Title: _____

Students:

Department/Service of Rotation: _____

Rotation Dates: _____

(Exact Dates (month/day/year) - (Example: 10/15/08 - 12/1/08))

Hospital Employees:

Please check one of the following for Occupation

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Ancillary Staff | <input type="checkbox"/> OB Tech | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Anesthesia Tech | <input type="checkbox"/> OR Assistant | <input type="checkbox"/> Physician/Assistant |
| <input type="checkbox"/> Anesthetist/Anesthesiologist | <input type="checkbox"/> OR Tech | <input type="checkbox"/> Rad Tech |
| <input type="checkbox"/> CSR Staff | <input type="checkbox"/> OR Staff | <input type="checkbox"/> Resident |
| <input type="checkbox"/> Endoscopy Staff | <input type="checkbox"/> PCT | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Perfusion | <input type="checkbox"/> Surg Tech |
| | | <input type="checkbox"/> Other (specify) _____ |

Hospital Employees:

Please check one of the following for Department

- | | | |
|---|---|--|
| <input type="checkbox"/> Angio | <input type="checkbox"/> Linen Services | <input type="checkbox"/> OR - CMC |
| <input type="checkbox"/> Cath Lab | <input type="checkbox"/> NICU | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Central Sterile | <input type="checkbox"/> PACU | <input type="checkbox"/> SPENDO |
| <input type="checkbox"/> Interventional Radiology | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Labor & Delivery | <input type="checkbox"/> OR - Adult | |

I am requesting access to the scrub machines located in the:

Adult OR CMC OR L&D OR

Choose Your Scrub Suit Size

(Pick only one size)

- | | | |
|---------------------------------|----------------------------------|-----------------------------|
| <input type="checkbox"/> Small | <input type="checkbox"/> X-Large | <input type="checkbox"/> 4X |
| <input type="checkbox"/> Medium | <input type="checkbox"/> 2X | <input type="checkbox"/> 5X |
| <input type="checkbox"/> Large | <input type="checkbox"/> 3X | |

Choose Your Jacket Suit Size

(Pick only one size)

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

This Area To Be Completed By Department Director / Manager / Coordinator

Please select the appropriate location for approved access

Machine Location:
Adult OR CMC OR L&D OR

Authorizing Signature _____ (Director/Manager/Coordinator)

Department / Office Phone Extension _____

Please Return the Completed Form to:

Materials Management
c/o Linen Services
1120 15th Street, BL-1002
Fax - 706-721-1673

Email - mjones@mail.mcg.edu
Please use "Scrub Size Form" in the subject line

For questions about this form - please contact Linen Services at 706-721-3579 or 706-721-3572