

Scrub Suit Size Form

T/A# _____

This card is the property of the Georgia Regents University. The use of this card constitutes acceptance of the terms and conditions of GRU's policies governing its use. The card must be returned upon termination and/or upon request from a GRU official.

(NON-TRANSFERABLE)

PRINT CLEARLY

Last Name _____

First Name _____

GRU/GRHealth Badge# _____
(* + 5 Digits: See example-bottom of badge * - - - - -)

Contact Phone/Pager #: _____

© HID iCL ASS MIFARE DM1HW23848 123848 11101139154-1A

Note: Badge Used for scrubEX Access

Physicians:

Name of Service/Department: _____
Title: _____

Students:

Name of Department/Service of Rotation: _____
Rotation Dates: (Start and Ending Dates) _____

(Exact Dates (month/day/year)-(Example: 6/30/14-9/30/14))

Hospital Employee's Title:

Please check one of the following:

- Ancillary Staff
- Anesthesia Tech
- Anesthetist/Anesthesiologists
- CSR Staff
- Endoscopy Staff
- Nurse

- OB Tech
- OR Assistant
- OR Tech
- OR Staff
- PCT
- Perfusion

- Pharmacist
- Physician/Assistant
- Rad Tech
- Resident
- Respiratory Therapy
- Surg Tech
- Other (specify) _____

Hospital Employee's Department:

Please check one of the following:

- Angio
- Cath Lab
- Central Sterile
- Interventional Radiology
- Labor & Delivery

- Linen Services
- NICU
- PACU
- Pharmacy
- OR - Adult

- OR - CHOG
- Radiology
- Endoscopy
- Other (specify) _____

Requesting access to the scrub machines located in the:

Adult OR CHOG OR L&D OR

Choose Your Scrub Suit Size

- Small X-Large 4X
- Medium 2X 5X
- Large 3X

Choose Your Jacket Suit Size

- Small X-Large
- Medium 2X
- Large 3X

This Area To By completed By Department

Authorizing Department/Service Signature

Department/Service Office Phone Extension

Please Return the Completed Form to:

Steve Hoffa (Linen Services)
EMAIL: shoffa@gru.edu
FAX: (706) 721-3461
PHONE: (706)721-4525; (706) 220-3066