

**PRINT CLEARLY**

User Last Name: \_\_\_\_\_

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User First Name: \_\_\_\_\_

Personal Identification # (4-digit PIN)  
If not completed, a PIN will be assigned.

Extension: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Manager Ext. \_\_\_\_\_

To gain access to the dispensing units, please bring this completed form to the Linen Department to have a Scrub Card issued.

Locations and operating times:

UH - Rm C1-307 ext. 35075, 7:30 am-8:30 am & 1:00 pm-1:45 pm

VH - Rm A1-400 ext. 52012, 7:30 am-9:00 am & 1:00 pm-2:00 pm

**NOTE: All Students, Clerks & Residents are required to pay a refundable \$50 deposit fee for 2 sets of OR Green Scrubs.**

**Please choose one of the following for Occupation and one for Department:**

Occupation

- |                          |                            |
|--------------------------|----------------------------|
| <input type="checkbox"/> | <b>Resident \$50</b>       |
| <input type="checkbox"/> | <b>Clinical Clerk \$50</b> |
| <input type="checkbox"/> | <b>Student \$50</b>        |
| <input type="checkbox"/> | Coordinator                |
| <input type="checkbox"/> | ESW Mngmt                  |
| <input type="checkbox"/> | Fellow                     |
| <input type="checkbox"/> | Food Services              |
| <input type="checkbox"/> | Nurse Pract.               |
| <input type="checkbox"/> | Perfusionist               |
| <input type="checkbox"/> | Physician                  |
| <input type="checkbox"/> | Porter                     |
| <input type="checkbox"/> | Reg. Nurse                 |
| <input type="checkbox"/> | Research Asst.             |
| <input type="checkbox"/> | SSW                        |
| <input type="checkbox"/> | Technologist               |

Other (specify) \_\_\_\_\_

Department

- |                          |                            |
|--------------------------|----------------------------|
| <input type="checkbox"/> | <b>Resident \$50</b>       |
| <input type="checkbox"/> | <b>Clinical Clerk \$50</b> |
| <input type="checkbox"/> | <b>Student \$50</b>        |
| <input type="checkbox"/> | Anesthesia                 |
| <input type="checkbox"/> | Biomed                     |
| <input type="checkbox"/> | Cardiology                 |
| <input type="checkbox"/> | Clinical Education         |
| <input type="checkbox"/> | Dentistry                  |
| <input type="checkbox"/> | Emergency                  |
| <input type="checkbox"/> | EP/CIU                     |
| <input type="checkbox"/> | ESW                        |
| <input type="checkbox"/> | Food Services              |
| <input type="checkbox"/> | Maintenance                |

Other (specify) \_\_\_\_\_

Department

- |                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | Ob/Gyn    |
| <input type="checkbox"/> | OR Staff  |
| <input type="checkbox"/> | Perfusion |
| <input type="checkbox"/> | Portering |
| <input type="checkbox"/> | Radiology |
| <input type="checkbox"/> | REI Lab   |
| <input type="checkbox"/> | SPD       |
| <input type="checkbox"/> | SSW       |
| <input type="checkbox"/> | Surgery   |

**Sizes: Choose your appropriate size.**

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

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

\_\_\_\_\_  
Authorizing Signature (Director/Manager/Coordinator)

\_\_\_\_\_  
Expiration Date for STUDENTS

**BUSINESS OFFICE USE ONLY**

Date: \_\_\_\_\_

Amount of Deposit received \_\_\_\_\_

Business Office Verification \_\_\_\_\_

**Deposit to LHS 51001- 4252001**