## VA SAN ANTONIO

## Scrub Suit Size Survey PRINT CLEARLY

User First Name  Badge Number		User Last Name				
Badge Number		Ilser First Name				
Personal Identification Number (PIN - 4 Digits)  Please choose one of the following for Occupation and one for Department  Occupation  Pepartment  Cath Lab  Cath Lab  Cath Lab  Cath Lab  Central Storile  Labor & Delivery  Linen Services  Pharmacy  Physician/Assistant  Resident  Student  Surgeon  Technician  Vendor  Other (specify)  Sizes: Choose your appropriate size  Small  Medium  Large  Small  A OR Resident  Surgeon  Technician  Vendor  Other (specify)  This Area To Be Completed By Manager/Director  Please select the appropriate machine for access  Machine Location  A OR RRONT DESK DISPENSER  OR RRONT DESK DISPENSER  OR RRONT DESK DISPENSER  OR RRONT DESK DISPENSER  Small FLOOR ELEVATOR RISPENCER/RECEIVER  Sin FLOOR RELEVATOR DISPENCER/RECEIVER  Sin FLOOR RESIDENT ONGALL DISPENCER/RECEIVER				<del>_</del>		
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**Authorizing Signature** 

(Manager/Director)