

VA SAN ANTONIO

Scrub Suit Size Survey

PRINT CLEARLY

User Last Name _____

User First Name _____

Badge Number _____ (Not Needed)
(Example Shows _____)

Personal Identification Number (PIN - 4 Digits)

**NEEDED FOR KEYPAD ACCESS
ONLY IF BADGE NOT AVAILABLE**

(If not completed, a PIN will be assigned)

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

Occupation

- Anesthetist/Anesthesiologist
- Nurse
- OR Staff
- Pharmacist
- Physician
- Physician/Assistant
- Resident
- Student
- Surgeon
- Technician
- Vendor
- _____
- Other (specify)

Department

- Cath Lab
- Central Sterile
- Labor & Delivery
- Linen Services
- Pharmacy
- OR
- _____
- Other (specify)

Sizes: Choose your appropriate size

- Small
- Medium
- Large

- X-Large
- 2X
- 3X

OPEN

This Area To Be Completed By Manager/Director

Please select the appropriate machine for access

Machine Location

- A OR FRONT DESK DISPENSER
- B OR FRONT DESK RECEIVER
- C 1st FLOOR ELEVATOR DISPENSER
- D 1st FLOOR ELEVATOR RECEIVER
- E 5th FLOOR ELEVATOR DISPENSER/RECEIVER
- F 3rd FLOOR RESIDENT ONCALL DISPENSER/RECEIVER

**Expiration Date for STUDENTS/
Graduation Date for RESIDENTS**

Carmen Sanchez, AO/Education

Authorizing Signature _____
(Manager/Director)