SUNY Downstate Medical Center
Scrub Suit Size Survey

PRINT CLEARLY

User Last Name _____

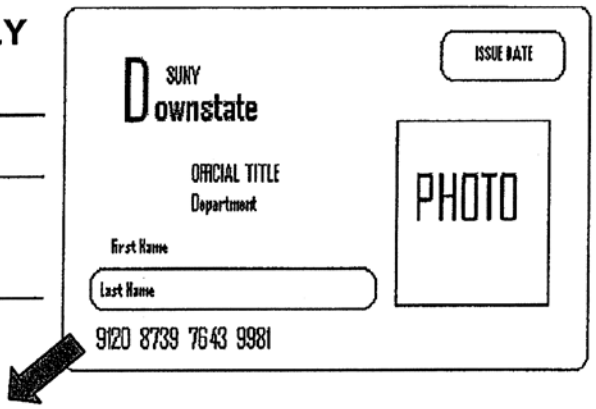
User First Name _____

Four Digit PIN ____ ____ ____ ____

Phone Extension _____

Hospital Badge # (16digit # below Last Name)

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _



Please choose your Department from the list below:

☐ Ambulatory Surg	☐ HSKE Hosp	☐ Pathology
☐ Anatomy	☐ ICU 24	☐ Ped Hemo
☐ Anesthesia	☐ IV Team	☐ Pediatrics
☐ Cardio Thoracic	☐ Neuro Surg	☐ Perfusionist
☐ Cardiology	☐ Neurology	☐ Pharmacy
☐ Cath Lab	☐ NS 31-L&D	☐ Plast Surg
☐ CCU NS 26	☐ NS 32-OB GYN	☐ Radiation Oncology
☐ Central Sterile	☐ NS 35-NNU	☐ Radiology
☐ Dialysis	☐ NS 42-PED	☐ Recovery
☐ DLAR	☐ NS 43-PICU	☐ Resp Therapy
☐ Emergency Room	☐ Medicine	☐ SMIC
☐ Endoscopy	☐ OB GYN	☐ Surgery
☐ ENT & OTOLAR	☐ Operating Rm	☐ Transp NS82
☐ MICU-33	☐ Ophthalmology	☐ Urology
☐ Family Practice	☐ Orthopedic	☐ _____ Other(Please Specify)

Occupation: Please choose your Occupation from the list below:

☐ Anesthetist	☐ PA	☐ Surgeon
☐ Environmental Services	☐ Perfusionist	☐ Technician
☐ HCA	☐ Physician	☐
☐ Nurse	☐ Resident	

Size: Please choose your appropriate size from the list below:

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

This Area To Be Completed By Department Head

_____ **Department Head Signature**

_____ **Date**

Expiration Date for Residents

Please have all completed forms returned to

Main Office, Dept. of Surgery,
Downstate Medical Center