

SCRUB SUIT ACCESS DEPOSIT FORM

- You will need a Unity Health badge ready for the scrub access set up
- Bring completed form to Cafeteria's Cashier, 1st floor, main building, Mon-Fri - 7:30-10:30 /13:30-15:30
- \$50.00 Deposit (via Credit/ Debit only) for TWO set of scrub suits (two tops and two bottoms)
- Scan and email form & receipt to studentcentre.sjhc@unityhealth.to OR hand it to Student Centre, 1S- 111, to set up Scrub Bank access.
- **Retain this form and receipt for deposit refund later**

First Name:	Last Name:	Placement End Date:
SJHC Badge Number*:	Phone Number:	

Occupation: (Please select one from the below)	Scrub Suit <u>Top</u> Size	Scrub Suit <u>Bottom</u> Size
<input type="checkbox"/> Clinical Fellow	<input type="checkbox"/> 2X-Small	<input type="checkbox"/> 2X-Small
<input type="checkbox"/> Medical Fellow	<input type="checkbox"/> X-Small	<input type="checkbox"/> X-Small
<input type="checkbox"/> Student	<input type="checkbox"/> Small	<input type="checkbox"/> Small
<input type="checkbox"/> Resident	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium
<input type="checkbox"/> Vendor (Specify):	<input type="checkbox"/> Large	<input type="checkbox"/> Large
<input type="checkbox"/> Observer	<input type="checkbox"/> X-Large	<input type="checkbox"/> X-Large
<input type="checkbox"/> Other (Specify):	<input type="checkbox"/> 2X-Large	<input type="checkbox"/> 2X-Large

<i>Payment Processing</i>			
I Authorize St. Joseph's Health Center to		To be filled in by the Cafeteria	
<input type="checkbox"/>	Visa	Deposit amount:	\$50.00
<input type="checkbox"/>	Master Card	Date of Payment:	
<input type="checkbox"/>	American Express	Payment Processed by:	
<input type="checkbox"/>	Debit Card	Clerk Signature:	
Debit/Credit Card Holder: (Print Name Below)			
Authorized Signature: (Sign Below)			

When emailing this form to us, please staple your RECEIPT here.
 (Make sure no form details are blocked)

SCRUB SUITS ACCESS REFUND FORM

- Return all your scrubs to scrub machine to obtain full refund
- Scan and email this this form (front & back) to studentcentre.sjhc@unityhealth.to
- Education Coordinator at Student Centre will validate your scrub record on the form

Scrub Suit Return (filled out by Supervisor/Unit Clerk)	
1) Expected Scrub Suit Balance	2 Scrub Suits (4 pieces)
2) Final Scrub Suit Balance (filled out by Education Coordinator):	
3) Scrub Suit not returned (filled out by Education Coordinator):	
Education Coordinator Name:	
Education Coordinator Signature:	
Date Returned:	Total Refund:

- Present the validated form to Cafeteria's Cashier to retrieve deposit at the end of your term
- Have your original method of payment ready

To be filled in by Cafeteria	
Date of Refund:	
Refund Processed By:	
Clerk Signature:	