

SJHC SCRUB SUIT ACCESS DEPOSIT FORM

- IMPORTANT:** A St. Joseph's ID badge AND scrub deposit receipt are both required for scrub bank access set up.
 Bring completed form to Cafeteria's Cashier (1st floor main building) (Monday - Friday: 07:30 - 10:30 / 13:30-15:30) with payment ready
- \$ 50.00 Deposit (via Credit / Debit only) for TWO set of scrubs (2 tops and 2 bottoms) is required**
 Email a photo of this signed form along with the payment receipt to meded.sjhc@unityhealth.to **OR** bring to the Student Centre Office (Rm 1S -111- formerly known as Dept. of MedEd- DMES) to be set up to the Scrub Bank Machines
- If both scrubs are not returned, you will forfeit your deposit
- Retain this form and receipt for a refund at the end of your rotation.

First Name:	Last Name:	ROTATION 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

Payment Processing			
I Authorize St. Joseph's Health Center to charge my:		To be filled in by Cafeteria staff	
<input type="checkbox"/>	Visa	Deposit amount (\$50.00)	Cost Center Number
<input type="checkbox"/>	Master Card	Date of Payment:	712609900
<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)			

SJHC SCRUB SUIT ACCESS REFUND FORM

- Return all your scrubs to the scrub machine to obtain FULL refund. If ALL scrubs are not returned, you will forfeit your deposit
- Scan and email this form (front and back) to meded.sjhc@unityhealth.to. Education Coordinators at Student Centre will validate your scrub record

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

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

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