# Medical College of Georgia

## Scrub Suit Size Form

**PRINT CLEARLY**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MCGHI Hospital Badge #</th>
<th>Contact Phone/Pager #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(Up to 6 Digits - See example - upper right corner # 56770)</td>
<td></td>
</tr>
</tbody>
</table>

**Physicians**

<table>
<thead>
<tr>
<th>Service/Department</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Students:**

<table>
<thead>
<tr>
<th>Department/Service of Rotation</th>
<th>Rotation Dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Exact Dates (month/day/year) - (Example: 10/15/08 - 12/1/08))</td>
</tr>
</tbody>
</table>

**Hospital Employees:**

Please check one of the following for Occupation

- [ ] Ancillary Staff
- [ ] OB Tech
- [ ] Pharmacist
- [ ] Physician/Assistant
- [ ] Anesthesia Tech
- [ ] OR Assistant
- [ ] Rad Tech
- [ ] Anesthetist/Anesthesiologist
- [ ] OR Tech
- [ ] Resident
- [ ] Respiratory Therapy
- [ ] OR Staff
- [ ] Perfusion
- [ ] Surg Tech
- [ ] Other (specify)_________

Please check one of the following for Department

- [ ] Angio
- [ ] Cath Lab
- [ ] Linen Services
- [ ] OR - CMC
- [ ] Central Sterile
- [ ] NICU
- [ ] Radiology
- [ ] Interventional Radiology
- [ ] PACU
- [ ] SPENDO
- [ ] Labor & Delivery
- [ ] Pharmacy
- [ ] OR - Adult
- [ ] Other (specify)_________

I am requesting access to the scrub machines located in the:

- [ ] Adult OR
- [ ] CMC OR
- [ ] L&D OR

Choose Your Scrub Suit Size

(Pick only one size)

<table>
<thead>
<tr>
<th>Small</th>
<th>X-Large</th>
<th>4X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium</td>
<td>2X</td>
<td>5X</td>
</tr>
<tr>
<td>Large</td>
<td>3X</td>
<td></td>
</tr>
</tbody>
</table>

Choose Your Jacket Suit Size

(Pick only one size)

<table>
<thead>
<tr>
<th>Small</th>
<th>X-Large</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium</td>
<td>2X</td>
</tr>
<tr>
<td>Large</td>
<td>3X</td>
</tr>
</tbody>
</table>

**This Area To Be Completed By Department Director / Manager / Coordinator**

Please select the appropriate location for approved access

<table>
<thead>
<tr>
<th>Machine Location:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult OR</td>
<td>CMC OR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorizing Signature</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Director/Manager/Coordinator)</td>
<td></td>
</tr>
</tbody>
</table>

**Please Return the Completed Form to:**

Materials Management
c/o Linen Services
1120 15th Street, BL-1002
Fax - 706-721-1673
Email - mjones@mail.mcg.edu
Please use “Scrub Size Form” in the subject line

For questions about this form - please contact Linen Services at 706-721-3579 or 706-721-3572