

**RCHSD Surgical Services Scrub Form (Submit 7 days prior to start date)**

Please Print Clearly

|   |                      |  |
|---|----------------------|--|
| User Complete Name  | Last:                | First:   |
| Email address   | Please Print Clearly |  |
| Sponsoring Institution  | RCHSD/ UCSD etc.     |  |
| Rotation Dates<br>If Applicable   | From:                | To:  |
| Rady Badge number<br><small>Located on the back of your badge.<br/>Last 7 digits after the dash</small> |                      | IF you do not have a Rady's Pictured Badge THAT DOES NOT have numbers printed on the back. (not the same as your prox badge) Please pick a 4 digit PIN number to use for your scrub access and list it here: |

**Please Check that apply**

**Please Check your Department/Service**

Medical Student \_\_\_\_\_

Anesthesia \_\_\_\_\_

Resident \_\_\_\_\_

Cardiology \_\_\_\_\_

Fellow \_\_\_\_\_

Dental \_\_\_\_\_

Intern \_\_\_\_\_

Endocrinology \_\_\_\_\_

Contractor \_\_\_\_\_

Gastroenterology \_\_\_\_\_

Employee \_\_\_\_\_

Neurosurgery \_\_\_\_\_

Nursing Student \_\_\_\_\_

Ophthalmology \_\_\_\_\_

Orthopedic Surgery \_\_\_\_\_

Otolaryngology \_\_\_\_\_

Pediatric Surgery \_\_\_\_\_

Plastic Surgery \_\_\_\_\_

Transport \_\_\_\_\_

Urology \_\_\_\_\_

Other, please specify: \_\_\_\_\_

**Sizes: Choose your appropriate size, Tops & Bottoms must be the same size they are issued as a pair**

X-Small-XSmall \_\_\_\_\_

X-Large/X-Large \_\_\_\_\_

Small/Small \_\_\_\_\_

2XL/2XL \_\_\_\_\_

Medium/Medium \_\_\_\_\_

3XL/3XL \_\_\_\_\_

Large/Large \_\_\_\_\_

Email completed form to [ahailstone@rchsd.org](mailto:ahailstone@rchsd.org)

Max allowance is 2 sets "credits" at a time.