Carroll Hospital Contractor / Vendor / LBH Employee
Badge Request Form

Last Name	First Name	MI
Address		
City	State	Zip
Phone #	Alt Phone #	
Start Date at Carroll	Are you a current LBH associate Yes No	
Title	What dept. will you be working in at Carroll	
Name of supervisor at Carroll	Supervisor's contact number	
Company name	Does your company have a contract with Carroll Yes No	
Name of company supervisor	Company supervisor contact number	
Will you have patient contact Yes No	How often will you be at Carroll	
Do you need computer access Yes No	If yes, what systems do you need access to	
	1	
	2	
	3	
	4	
	5	

HR use only	
	Cleared by HR
	Cleared by Occ Health
	CBT needed

Dept Supervisor's Signature _____

3/14/2019