



Hackensack  
Meridian *Health*  
Jersey Shore University  
Medical Center

## LOCKER ASSIGNMENT

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **CONTACT #** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**GROUP:** \_\_\_\_\_

**LOCKER NUMER:** \_\_\_\_\_

**LOCKER COMBINATION:** \_\_\_\_\_

**SCRUB SIZE:** \_\_\_\_\_

**COMMENTS:**

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