

* Required for saving	**Required fo	r completion			
*Facility ID # :					
*HCW ID # : Soc	cility ID # :  CW ID # :				
Secondary ID # :					
HCW Name, Last:	First:	Middle:			
Street Address:					
City:		Zip Code:			
Work Phone: ( )		)			
E-mail Address:	·				
*Gender: F M *Date of Birth:					
Ethnicity: Hispanic or Latino		at apply) American Indian or Alaska Native Asian			
Black or African American					
		Native Hawaiian or Other Pacific Islander White			
*Start Date : / /					
*Work Status: Active Inactive No longer affiliated					
*Work Location: Department: Supervisor:					
*Occupation: Title:					
**If occupation is a physician, indicate clinical specialty (check one):					
ANE – Anesthesiology	NRS – Neuro	osurgery			
CAR – Cardiology		OBG – Obstetrics and Gynecology			
CTS – Cardiothoracic Surgery					
CRC – Critical Care	•				
DOS – Dentistry/Oral Surgery					
DER – Dermatology					
ENT – Ear, Nose and Throat		PAT – Pathology			
ERM – Emergency Medicine	DI C Diacti	PED – Pediatrics			
FAP – Family Practice GAS – Gastroenterology	PLS – Plastic Surgery				
GAS – Gastroenterology GEN – General Surgery/Trauma	PINIK – PIIYS	PMR – Physical Medicine/Rehab			
IND – Infectious Diseases	PSC – Psychiatry PUL – Pulmonology				
INM – Internal Medicine	RAD – Radio				
MSU – Other Medical Subspecialty		URO – Urology			
NEP – Nephrology		VAS – Vascular Surgery			
NEU – Neurology					

\*\*Performs direct patient care (i.e., hands on, face to face contact with patients for the purpose of Assurance of Confidentiality. The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-79, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Custom Fields			
Label	 	Label	//
Comments			