

Healthcare Worker Demographic Data

* Required for saving

**Required for completion

*Facility ID # : _____

*HCW ID # : _____ Social Security # : _____ - _____ - _____

Secondary ID # : _____

HCW Name, Last: _____ First: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: () _____ Home Phone: () _____

E-mail Address: _____

*Gender: ___ F ___ M *Date of Birth: ___ / ___ / _____ Born in U.S.? ___ Yes ___ No ___ Unk ___

Ethnicity: ___ Hispanic or Latino Race: (Check all that apply) ___ American Indian or
Alaska Native
___ Not Hispanic or Not Latino ___ 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 – Neurosurgery

___ CAR – Cardiology ___ OBG – Obstetrics and Gynecology

___ CTS – Cardiothoracic Surgery ___ OPT - Ophthalmology

___ CRC – Critical Care ___ ORT – Orthopedics

___ DOS – Dentistry/Oral Surgery ___ OSS – Other Surgical Specialty

___ DER – Dermatology ___ OTH – Other Clinical Specialty

___ ENT – Ear, Nose and Throat ___ PAT – Pathology

___ ERM – Emergency Medicine ___ PED – Pediatrics

___ FAP – Family Practice ___ PLS – Plastic Surgery

___ GAS – Gastroenterology ___ PMR – Physical Medicine/Rehab

___ GEN – General Surgery/Trauma ___ PSC – Psychiatry

___ IND – Infectious Diseases ___ PUL – Pulmonology

___ INM – Internal Medicine ___ RAD – Radiology

___ 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 diagnosis, treatment and monitoring). Y = Yes, N = No.**

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)).

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Custom Fields

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