Form Approved
OMB No. 0920-0666
Exp. Date: xx/xx/20xx
www.cdc.gov/nhsn

Healthcare Worker Demographic Data

*required for saving

Facility ID#:

*HCW ID#: | Social Security #:

Secondary ID#:

HSW Name, Last: | First: | Middle:

Street Address:

City: | Sate: | Zip Code:

Home Phone: ( )

Email Address:

*Gender: ☐ F ☐ M ☐ Other | *Date of Birth: _____ /_____ /_____

Born in U.S.? ☐ Yes ☐ No ☐ Unknown

Ethnicity: ☐ Hispanic or Latino
☐ Not Hispanic or Not Latino

Race: ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Employment Information

Work Phone: ( )

*Start Date: _____ /_____ /_____

*Work Status: ☐ Active ☐ Inactive ☐ No longer affiliated

*Type of employee: ☐ Full-time ☐ Part-time ☐ Contract employee ☐ Volunteer ☐ Other (specify)_____

*Work Location: | Department: | Supervisor:

*Occupation: | Title:

If occupation is physician, indicate clinical specialty (check one):

☐ ANE – Anesthesiology
☐ CAR – Cardiology
☐ CTS – Cardiothoracic Surgery
☐ CRC – Critical Care
☐ DOS – Dentistry/Oral Surgery
☐ DER – Dermatology
☐ ENT – Ear, Nose and Throat
☐ ERM – Emergency Medicine
☐ FAP – Family Practice
☐ GAS – Gastroenterology
☐ GEN – General Surgery/Trauma
☐ IND – Infectious Diseases
☐ INM – Internal Medicine
☐ MSU – Other Medical Subspecialty
☐ NEP – Nephrology
☐ NEU – Neurology
☐ NRS – Neurosurgery
☐ OBG – Obstetrics and Gynecology
☐ OPT – Ophthalmology
☐ ORT – Orthopedics
☐ OSS – Other Surgical Specialty
☐ OTH – Other Clinical Specialty
☐ PAT – Pathology
☐ PED – Pediatrics
☐ PLS – Plastic Surgery
☐ PMR – Physical Medicine/Rehab
☐ PSC – Psychiatry
☐ PUL – Pulmonology
☐ RAD – Radiology
☐ URO – Urology
☐ VAS – Vascular Surgery

Performs direct patient care (i.e., hands on, face-to-face contact with patients for the purpose of diagnosis, treatment and/or monitoring): ☐ Yes ☐ No

Form Approved
OMB No. 0920-0666
Exp. Date: xx/xx/20xx
www.cdc.gov/nhsn

Healthcare Worker Demographic Data

Custom Fields

Label		Label	
_____	____/____/_____	_____	____/____/_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments