

INCOMING HOUSE OFFICER DEMOGRAPHIC SHEET

<p>Incoming House Officer...</p> <p>Complete <u>all</u> portions of the form with <u>active</u> cells. For numbered items, see additional information below.</p> <p>About selected information requested in this form:</p> <ol style="list-style-type: none"> 1. Your job code is a 4 digit number beginning with 200 or 280. You only need to supply the last digit. This digit corresponds to your level (i.e. job code 2x04 = House Officer Level IV). 2. Enter your <u>expected</u> date of hire. 3. We need to know your name <u>exactly</u> as it will appear in the HR/Payroll system. This is the name on your <u>tax records</u>. 4. For a security identifier, we need to know <u>your</u> mother's first name. 5. To issue your Medical Record Number, we need to know the full name given to you at birth (no initials), and we need to know all subsequently used full names. 	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Today's Date:</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Department Name:</td> <td colspan="2">House Staff</td> </tr> <tr> <td colspan="2">Department Number:</td> <td colspan="2">500090</td> </tr> <tr> <td>1. Job Code:</td> <td>2x0</td> <td></td> <td>(1-8 to correspond w/level)</td> </tr> <tr> <td colspan="2">Job Title:</td> <td>House Officer</td> <td>(Level I-VIII)</td> </tr> <tr> <td colspan="2">Screening Date/Time:</td> <td></td> <td></td> </tr> <tr> <td colspan="2">2. Date of Hire:</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Employee Health Office Use Only – MRN</td> </tr> </table>	Today's Date:				Department Name:		House Staff		Department Number:		500090		1. Job Code:	2x0		(1-8 to correspond w/level)	Job Title:		House Officer	(Level I-VIII)	Screening Date/Time:				2. Date of Hire:				Employee Health Office Use Only – MRN			
Today's Date:																																	
Department Name:		House Staff																															
Department Number:		500090																															
1. Job Code:	2x0		(1-8 to correspond w/level)																														
Job Title:		House Officer	(Level I-VIII)																														
Screening Date/Time:																																	
2. Date of Hire:																																	
Employee Health Office Use Only – MRN																																	
Record name as it appears on social security card, income tax records, and payroll. (i.e. John H Doe, J Henry Doe, etc)																																	
3. Employment name (same as payroll):																																	
United States Social Security Number:		Date of Birth:																															
		4. Mother's First Name:																															
5. Below record YOUR full legal name and all previously used names																																	
Current Last:		First:	Middle:																														
Maiden Last:		First:	Middle:																														
Previous Last:		First:	Middle:																														
Previous Last:		First:	Middle:																														
Previous Last:		First:	Middle:																														
Address:		City:	State:																														
Zip Code:	Home Phone:	Cell Phone:	Email:																														
Place an "X" in the box to the immediate left of your answer(s) below																																	
Race:	American Indian/ Alaska Native	Asian	Black/ African American																														
	Hispanic/ Latino	Native Hawaiian/ Other Pacific Islander																															
	Not Specified	Two or More Races	White																														
Gender:	Male	Female																															
Have you ever been seen as a patient at WF Baptist Medical Center?		Yes	No																														
Have you ever been seen in the Employee Health Clinic at the Medical Center?		Yes	No																														
*** Send your immunization records separate ***																																	