

VOLUNTEER EMPLOYEE HEALTH INFORMATION

INSTRUCTIONS: PLEASE COMPLETE THIS FORM. THE FOLLOWING INFORMATION IS REQUESTED TO FACILITATE CONTACTING YOU ABOUT MATTERS RELATED TO YOUR VISIT, INCLUDING TEST RESULTS AND FOLLOW-UP APPOINTMENTS. THANK YOU.

VOLUNTEER NAME (Last, First, Middle): _____

FULL SSN: _____ DOB: _____

HOMEADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____ WORK PHONE: (____) _____

SEX (CIRCLE ONE): MALE FEMALE RELIGIOUS PREFERENCE: _____

MARITAL STATUS (CIRCLE ONE): NEVER MARRIED, SEPARATED, MARRIED, DIVORCED, WIDOWED

POSITION TITLE: _____ NF/SG VHS SERVICE: _____ EXT: _____

PLACE OF BIRTH: CITY: _____ STATE: _____

NEXT OF KIN: (Last, First): _____ PHONE: (____) _____

RELATIONSHIP (CIRCLE ONE): SPOUSE, CHILD, PARENT, RELATIVE, OTHER, SIGNIFICANT OTHER

ADDRESS OF NOK: _____ CITY: _____ STATE: _____ ZIP: _____

SPOUSE'S EMPLOYER: _____ ADDRESS: _____

CITY: _____ STATE: _____ PHONE: (____) _____ OCCUPATION: _____

FATHER'S NAME (Last, First): _____ LIST EVEN IF DECEASED

MOTHER'S NAME (Last, First): _____ MOTHER'S MAIDEN NAME: _____

HAVE YOU EVER RECEIVED CARE AT ANY VA? _____

MOST RECENT VA FACILITY LAST SEEN (NAME, CITY, STATE): _____

ARE YOU A VETERAN? _____ IF YOU ARE A VETERAN, PLEASE PROVIDE A COPY OF YOUR DD-214 TO REGISTER AS A VETERAN
THE OFFICE OF THE SURGEON GENERAL REQUESTED THAT THE VA COLLECT RACE AND ETHNICITY INFORMATION FROM ALL OF OUR PATIENTS. PLEASE CHECK THE BOXES THAT APPLY TO YOU.

ETHNICITY: (Check one) _____ SPANISH, HISPANIC OR LATINO _____ NO, NOT SPANISH, HISPANIC OR LATINO

RACE: (Check one or more) _____ AMERICAN INDIAN OR ALASKA NATIVE _____ ASIAN _____ DECLINED to answer.

_____ BLACK OR AFRICAN AMERICAN _____ WHITE _____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

Privacy Act Information: The VA is asking you to provide the information on this form under Title 38, United States Code sections 1710, 1712 and 1722. The information is collected at the request of the Surgeon General and will help us track diseases that are more common in certain races and ethnicities. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status and personnel administration. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you give VA your Social Security Number, VA will use it to administer your VA benefits, to identify veterans and persons claiming or receiving VA benefits and their records and other purposes authorized or required by law.

ALL APPLICANTS MUST SIGN AND DATE THIS FORM. REFER TO INSTRUCTIONS ON WHO CAN SIGN ON BEHALF OF THE VETERAN OR PATIENT.

SIGNATURE OF APPLICANT: _____ DATE: ____/____/____