FINGERPRINT RECORD (bring to appointment)
(PREP SHEET)

Assignment over 120 days

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Providing Patient Services

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

PLEASE PRINT

PLEASE PRINT

NAME (last, first middle)__________________________________________

SSN:__________________________

DOB (year, month day)____________________________________________

Alias (any other names used)_______________________________________

Sex (circle one) MALE FEMALE

RACE_____________ EYE COLOR____________ HAIR COLOR_____________

HEIGHT_______________

WEIGHT_______________

Place of Birth (city, state)________________________________________

Citizenship of what county________________________________________

Employed by what Hospital Service: Education

Employment Type (Circle One Letter)

C - Contract
E - Employee if so Position____________________
F - Fee Basis
R - Resident
V - Volunteer
W - Without Compensation
O - Others

ADDRESS STREET__________________________________________________

CITY____________________________ STATE________________ ZIP CODE__________________

Phone number____________________________________________________

E-Mail (if available)______________________________________________

Fingerprinted by________________________________________ Date__________________