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PLEASE COMPLETE THIS QUESTIONNAIRE IN INK

DEMOGRAPHIC INFORMATION

In order to complete your record with Occupational & Environmental Health Center of Eastern New York, the following information is requested. Please **print** all entries.

Name _____ DOB mm/dd/yyyy _____

County of Residence: _____ Country of Birth: US Other _____

Home Phone No.: (____) _____ Work Phone No.: (____) _____

Cell Phone No: (____) _____ E-Mail _____

What is the best way to contact you? Home Phone Work Phone Cell Phone E-Mail

Employer for the visit: _____

Type of Industry/Business: _____

Union Member: No Yes If yes, Union Name and Local # _____

Please indicate your highest level of education:

Referred By (select only one):

- 1-12 for elementary through high school
- Some college)
- Associates Degree
- Bachelors Degree
- Other Degree _____

- Brochure
- Community Group
- Friend/Co-worker
- Internet
- Media
- Self
- Other _____
- COSH
- Employer
- Government Agency
- Lawyer
- Physician
- Union

Ethnicity (select only one) White Black Hispanic Native American Asian
 Multiple Unknown Other _____

Primary Care Provider: _____
Doctor Name/Name of Medical Facility

Street Address City State Zip Code
Doctor's Phone: (____) _____ E-Mail _____

In Case of Emergency Notify: _____

Telephone Number: (____) _____ Name Relationship
E-Mail _____

Authorization to Release Information:

I hereby authorize the Occupational & Environmental Health Center of Eastern New York to release the necessary information, as required by OSHA regulation:

Signature (Parent or Guardian may sign for a minor)

Date

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**PLEASE COPY FOR HAND OUT
TO EMPLOYEES/MEMBERS SO
AS TO MAINTAIN
APPROPRIATE
PAGINATION**