

VA Greater Los Angeles Healthcare System (GLA)
11301 Wilshire Blvd., Los Angeles, CA 90073
Employee Occupational Health (310)268-3522

EMPLOYEE RECORD FORM

The following information is required to create an Employee Medical Record. Please provide LEGAL Name information. One form of Identification may be requested by Employee Health Clerk to verify.

I am a: Full-Time Employee of GLA Part-Time Employee of GLA Volunteer at GLA

WOC Student/Intern/Resident/Fellow Contractor Other: _____

LAST NAME:		FIRST NAME:	
MIDDLE NAME:	DOB:	SEX:	FULL SSN:

MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
CONTACT NUMBER:	TITLE:	BIRTH CITY AND STATE:	

NOTE: This document will be filed in your Employee Health Medical Folder. Additionally, Information provided will be used to create a VISTA/CPRS medical record and will be flagged SENSITIVE. If you do NOT wish for your **mailing address** to be included in the VISTA/CPRS record, please check ONE box below:

- YES, please include my mailing address in my VISTA/CPRS Employee Medical Record.
 NO, do NOT include my mailing address in my VISTA/CPRS Employee Medical Record.

Printed Name and Signature

DATE: