



# Daviness Community Hospital

## Student Demographic Form

\_\_\_\_\_  
Today's Date

### Student Information (Please Print)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last 4 Digits of Soc Sec #

\_\_\_\_\_  
Birthday (Month, Day, Year)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Expected Dates of Rotation

\_\_\_\_\_  
DCH Associate Supervising Rotation

\_\_\_\_\_  
School/Organization

\_\_\_\_\_  
Phone Number

Has this individual ever worked at Daviness Community Hospital? Yes/No \_\_\_\_\_

If Yes, Dates of employment \_\_\_\_\_

Have you completed a clinical rotation at Daviness Community Hospital in the past? Yes/No

If Yes, Dates of clinical \_\_\_\_\_

Does your program require access to the Electronic Health Record (EHR)? Yes/No

Have you had previous access to the EHR at Daviness Community Hospital? Yes/No