

Assignment over 120 days

Providing Direct Patient Services

**FINGERPRINT RECORD
PREP SHEET**

Yes

No

Yes

No

PLEASE PRINT CLEARLY

NAME (LAST, FIRST MIDDLE)	ALIAS:		
	ADDRESS:		
SS#			
Station	Seattle	American Lake	Madigan
	Met Park	Vet Center	Bremerton
Service Line	RESEARCH AND DEVELOPMENT (S-151)		
Job Title	Undergraduate Researcher		
Status	Employee	WOC w/WOC letter	Volunteer
	Contract Worker	Resident	Medical Student
	Fellow		CWT Worker
Start Date			
Date of Birth			
City, State & County of Birth & Country of Birth			
Sex	Male	Female	
Race			
Height (Feet/Inches)			
Weight (Pounds)			
Eye Color			
Hair Color			