



FACULTY/STAFF REGISTRATION

UNIVERSITY HEALTH SERVICE
University of Illinois at Chicago

Date: _____

Name: _____
Last First Middle Maiden/Former

Local Address: _____
Number Street Apartment City State Zip

Phone: _____ Email: _____ Social Security Number _____

Sex: _____ Female _____ Male Date of Birth: _____ Place of Birth: _____
month day year

Ethnic/Racial Information: _____ American Indian/Alaska Native (I) _____ Black, Non-Hispanic (B) _____ Primary Language _____ English _____ Asian/Pacific Islander/ _____ Hispanic (S) _____ Spanish _____ Indian Subcontinent (X) _____ White, Non-Hispanic (W) _____ Other _____

Your position at UIC: _____

Department: _____ Medicine CSB 1031 3-7808
Name Campus Address Extension

If your UHS visit is for employment health evaluation, please indicate which personnel nit processing your employment paper work:

Academic Personnel _____ HR Civil Service Employment
_____ Nursing Personnel _____ Student Employment
_____ Facilities Management _____ Volunteer Services

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Thank You

Account: _____ - _____ -- 9438