



1200 Washington Ave, Bay City, Michigan 48708
<https://tinyurl.com/bchd-covid19-hcw-register>

989-308-1232, PHONE
989-895-4014, FAX
hcw@baycounty.net

James A. Barcia
Bay County Executive

Joel R. Strasz
Public Health Officer

Thomas John Bender, MD, PhD
Medical Director

COVID-19 Symptom Surveillance Registration

To be completed by anyone working at a hospital, urgent care center, clinic, nursing home, or long term care facility located in Bay County. This form can be printed and faxed (989-895-4014). Or call (989-308-1232) to respond by telephone. However, online reporting (<https://tinyurl.com/bchd-covid19-hcw-register>) is preferred when possible.

First Name _____

Last Name _____

Email _____

Mobile Phone _____

Home Address _____

City _____

State _____

Zip _____

Work Location County Bay Gladwin
 Midland Arenac
 Saginaw Tuscola
 Other _____

Date of Birth ____/____/____

Race White or Caucasian
 Black or African American
 Asian or Asian American
 American Indian or Alaska Native
 Native Hawaiian or other Pacific Islander
 Another Race

Ethnicity Hispanic or Latino
 Not Hispanic or Latino
 Arab
 Unknown

Licensed Medical Professional Yes
 No

National Provider Identifier (NPI) _____

Credentials MD NP
 DO RN
 PA-C LPN
 Other _____

- Employment Status Full Time
 Part Time
 Per Diem
 Retired
 Unemployed

Please enter the following information based on your primary work location.

Work Location Name _____

Work Unit / Service _____

Employee ID _____

Supervisor Name _____

Supervisor Email _____

Office Phone _____

Address _____

City _____

State _____

Zip _____

- Work Location County Bay Gladwin
 Midland Arenac
 Saginaw Tuscola
 Other _____

If you work in additional locations, please provide a brief description of those places

- Provider Type Physician Physical Therapist
 Physician Assistant Occupational Therapist
 Nurse Practitioner Speech Therapist
 Registered Nurse Social Worker
 Licensed Practical Nurse Behavioral Health Provider
 Certified Registered Nurse Anesthetist Dentist
 Emergency Medical Technician Optometrist
 Respiratory Therapist Podiatrist
 Certified Nursing Assistant Veterinarian
 Pharmacist

Provider Specialty _____

Please specify your experience with any of these types of patient care:

- Central Lines
- Dialysis Machines CRRT or CVVH
- General Medicine Inpatient Care
- General Medicine Outpatient Care
- Inserting IVs
- Intubation
- Labor & Delivery
- Medication Preparation Hanging Drips
- Palliative Care
- Vasopressor Drips
- Ventilators

Which electronic health record systems do you feel comfortable adopting if necessary?

- Allscripts
- Cerner
- CPRS
- Epic
- Other

Please specify the types of healthcare facilities in Bay County where you might be willing to work as needed.

- Usual place of employment
- Hospital
- Urgent Care Center
- Outpatient Clinic
- Nursing Home
- Long Term Care Facility
- Juvenile Facility
- Alternate Care Site
- Quarantine Location

Please specify the regions of the state where you might be willing to work as needed.

- Bay County
- Grand Rapids
- Midland County
- SE Michigan
- Saginaw County
- SW Michigan
- Mid-Michigan (Flint/Lansing)
- Northern Michigan / Upper Peninsula

Please indicate the highest number of hours you are able to work in a day

- 4
- 6
- 8
- 10
- 12

Number of dependent children _____

Do you have a need for dependent care services?

- Yes
- No