

Community Health Aide Flu/epidemiology Application

To be completed by the field supervisor and the CHA. This application must be received *at least 4 weeks* before the start of enrollment. Please go to www.wv.gov/health/epidemiology for more information. Call 800/466-9094; /46690

Name: _____

Last
First
MI
Course Title (i.e. Pre-Session, Flu, etc.)

Mailing address: _____

PO Box or Street
City
State
Zip

Birth date: _____ Phone #'s: _____

Cell
Home
Clinic
Fax

CHA email address: _____

Employer: _____ Village: _____ Population: _____

Field Supervisor: _____ Field Supervisor Phone: _____

Field Supervisor email: _____

Field Supervisor Address: _____

PO Box or Street
City
State
Zip

AUTHORIZATION TO RELEASE INFORMATION:

I authorize release of the personal, health and training information requested on this form from my employer and/or health care provider to any CHA Training Center at which I request training. I recognize that this information may be shared between Training Centers and the clinics in which I work as part of my permanent training record. I recognize that this information will be used to plan and evaluate my training and to protect my health and safety and that of the patients I see while I am in training.

Signed by CHA: _____ Date: _____

Reviewed by Supervisor: _____ Date: _____