

MDACC Number _____ (Office use only)

Date: 03/09/2020 Orientation Date (First Day of Work): 06/01/2020

Have you ever worked at M.D. Anderson? Yes _____ No ☒

Name: NGUYEN HOAI NAM
Last First Middle Initial

Address: 1515 Bimmonet Street Houston
Street Name and Number City

Texas 77005 Home Telephone: 832 758 3848
State Zip Code Area Code

Date of Birth: 07/06/1994 Male: ☒ Female: _____

Ethnicity: (Please check one)

☐ American Indian/Alaska Native
☒ Asian
☐ Black/African American
☐ Hispanic/Latino

☐ Native Hawaiian/Other Pacific Islander
☐ White/Caucasian
☐ Unknown/Not specified
☐ 2+ Race

Marital Status: (Please check one)

☒ Single
☐ Legally Separated
☐ Widowed
☐ Unknown

☐ Married
☐ Life Partner/Significant Other
☐ Divorced
☐ Other

Person to Notify in Case of Emergency: **I authorize release of this information to local police in the event of a life threatening emergency.** NHN
Applicant's Initials

Name: ~~HOAI~~ LAN ANH NGUYEN Relationship: MOTHER

Day Phone: +84 913270703 Evening Phone: +84 913270703

Employee Health complies with federal guidelines, and keeps your medical record on file during your employment at M.D. Anderson plus 30 years. This record is confidential, separate from all other personnel records, and is available to you at any time, upon written request.

MEDICAL HISTORY

1. A. Are you allergic to any prescribed or over the counter medication? Yes ☐ No ☒

If yes, name of medication and reaction(s): _____

- B. List any other allergies, for example: cats, dogs, rodents, shellfish, etc.

NONE

2. Have you ever had a skin reaction or sensitivity to gloves? Yes ☐ No ☒

If yes, describe the type of reaction (include glove type, e.g., latex, nitrile, etc, if known). _____

3. Are you currently being treated for any illnesses or medical conditions? Yes ☐ No ☒

If yes, please list:

4. List all injuries and/or surgeries – include date(s) of injury and/or surgery.

NONE

5. Please list any prescription or over-the-counter medications, including herbal or natural supplements you are taking:

NONE

6. My duties at MD Anderson Cancer Center may include:

Yes

No

☐☒

Direct contact with animals.

☐☒

Clinical: Direct contact with blood, body fluids and/or human tissue.

☐☒

Research: Direct contact with human cell lines.

**CONSENT TO DIAGNOSIS AND/OR MEDICAL TREATMENT
IN EMPLOYEE HEALTH AND WELL-BEING**

I hereby voluntarily consent to such diagnostic procedures and clinical care as deemed necessary by the medical staff of the University of Texas M.D. Anderson Cancer Center Employee Health and Well-being.

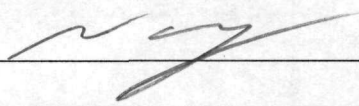
I am aware that the practice of medicine and surgery is not an exact science, and acknowledge that no guarantees have been made to me as to the results of treatment or examinations.

I understand that if another health care worker, patient or other individual is accidentally exposed to my blood or body fluids, I may be tested for blood borne diseases like hepatitis and HIV (the AIDS virus). These results may be released to the affected health care worker and to his/her physician, in accordance with the provisions of the Texas Communicable Disease Prevention and Control Act.

I understand that any unregistered/unreferred individual treated in Employee Health and Well-being for a non-work related illness or injury will be referred back to his/her private physician for further treatment or to another health care facility once his/her medical condition is stabilized.

I understand that I have the right to consent, or to refuse consent, to any proposed procedure or therapeutic course.

My signature below means that I read and understand contents of this form.

Name:	HOAI NAM NGUYEN
Employee ID :	
Date:	03/09/2020
Signature:	

Witness: _____

Notice of Privacy Practices Acknowledgment Form

Please complete the following information:

☒ I have received the M. D. Anderson Employee Health & Well-being Notice of Privacy Practices:

HOAI NAM NGUYEN

Please Print Name

07/06/1994

Date of Birth

Signature

Date

03/09/2020

For Internal Use Only

If patient declines to sign this form, check the below box:

☐ The patient was given the Notice of Privacy Practice, but declined to sign the acknowledgement form after being asked to do so.

Employee Health Signature

Date

Employee Health & Well-being Department at Unit 1610
7007 Bertner Ave., 1MC2.2190
Houston, TX 77030
T: (713) 745-6900
F: (713) 745 - 3352

THE UNIVERSITY OF TEXAS
MDAnderson
Cancer Center
Making Cancer History®

The University of Texas M.D. Anderson Cancer Center
For more care and information please contact Employee Health & Well-being - 713.745.6900



**Workers' Compensation Network
Acknowledgement Form**

I have received information (Employee Welcome Letter, Notice of Network Requirements and Employee Handbook Material) which informs me how to get Health Care under Workers' Compensation Insurance.

If I am hurt on the job and live in the service area described in this information, I understand that:

1. I must choose a Treating Doctor from the list of physicians in the **IMO Med-Select Network**. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor by completing the Selection of HMO Primary Care Physician as Workers' Compensation Treating Doctor Form # IMO MSN-5.
2. I must go to my Network Treating Doctor for all Health Care for my injury. If I need a specialist, my Treating Doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the Treating Doctor and other Network providers.
4. I *may have to pay* the bill if I get Health Care from someone other than a Network doctor without Network approval.
5. If I receive the Notice of Network Requirements and refuse to sign the Acknowledgement form, I *am still required to use the network*.

Please fill out the following information before signing and submitting this completed acknowledgement form:

Name of Carrier: The University of Texas System

Employee ID #: _____ Name of Network: IMO Med-Select Network

Hire Date: 06/01/2020 Department: Bioinfo and Comp Biology

Home Address: 1515 Bissanet Street
Street Address – No P.O. Box or Work Address

Houston Texas 77005
City State Zip Code County

Employee Signature
HOAI NAM NGUYEN
Printed Name

03/09/2020
Date
832 758 3848
Employee Phone Number