

HAITI MEDICAL VOLUNTEER SURVEY

1 NAME

2 PRIMARY PHONE NUMBER

3 DO YOU SPEAK CREOLE

4 DO YOU HAVE A VALID PASSPORT

5 ARE YOU (select one)

MD, RN, PA, NP

6 MD - CHOOSE SPECIALTY

Anesthesia

Emerg Med

Pediatrics

Surgery

Infect Disease

Orthopedic

Other

7 PA - CHOOSE SPECIALTY

Ortho

Other

8 RN - CHOOSE SPECIALTY

Burn/Trauma

Critical Care

Pediatrics

Surgery

Nutrition

Other

9 NP - CHOOSE SPECIALTY

Anesth

Pediatrics

Other

The New York State Department of Health is requesting medical professionals who may have an interest in deploying to Haiti to assist with relief efforts complete the attached form for a registry. They are requesting physicians and nurses with specialties in surgery, orthopedics, infectious diseases, pediatrics and anesthesia. The purpose of this survey is to identify potential volunteers - there is no guarantee that they will be asked to participate and are under no obligation to respond.

PLEASE FORWARD THE ATTACHED FORM COMPLETED TO KATE MARANGA (Interim Director, Performance Improvement & Patient Safety) at Kmaranga@lenoxhill.net.