



Drexel University College of Medicine

In the tradition of Woman's Medical College of
Pennsylvania and Hahnemann Medical College

VOLUNTARY SELF-IDENTIFICATION For Government Monitoring Purposes

Drexel University College of Medicine is an Equal Opportunity/Affirmative Action employer.

We are gathering the following information for recordkeeping in compliance with federal regulations. This information is gathered post employment and will be kept separate from your employment documents. Your responses are strictly voluntary and will help in developing and monitoring affirmative action programs.

If you choose not to answer any of these questions, you will not be subject to adverse treatment. However, if you choose not to "self-identify", we are required under federal regulations to note race, sex, and disability information on the basis of visual observation or personal knowledge.

Please place an "X" on the lines that apply to you

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
EEO/Race:	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Other
Disability:	Any person who (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment.	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Vietnam-Era Veteran:	Served in the armed forces between August 5, 1964 through May 7, 1975	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disabled Veteran:	A veteran with a disability, service connected or otherwise	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other Eligible Veteran:	A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Print Name

Signature

Date