



MEDICAL SOCIETY OF THE STATE OF NEW YORK
420 Lakeville Road, Lake Success, NY 11042
Phone: (516) 488-6100 ext. 361 Fax: (516) 326-9708

Dear Doctor:

The Medical Society of the State of New York is assisting governmental health agencies in the development of a database of physician information to be used only in the event of a bio-terror or natural disaster. Your cooperation in completing the following survey would be greatly appreciated. Please print clearly and return/fax completed survey in the attached envelope or fax to MSSNY at 516-326-9708.

Last Name: _____ First Name: _____
 Address: _____ County: _____
 City: _____ State: _____ Zip: _____
 Office Phone: _____ Home Phone: _____ Fax No.: _____
 Cell Phone: _____ Beeper : _____ 24-Hour Contact Phone: _____
 What is your Cell Phone Carrier? _____ Your Primary Specialty: _____
 E-mail Address: _____ MSSNY ID Number: (optional) _____

BIO-TERRORIST OR NATURAL DISASTER SURVEY

- 1) In the event of a public health emergency, would you be willing to volunteer your services? Yes _____ No _____
- 2) Would you be willing to temporarily relocate to a disaster area? Yes _____ No _____
- 3) Have you participated in any disaster preparedness programs at a hospital or clinic with which you are affiliated? Yes _____ No _____
- 4) Please specify hospital(s) at which you participated in a disaster preparedness training program:

- 5) a) Have you participated in any CME courses related to biological, radiological or chemical terrorism Yes _____ No _____
 b) Have you taken ANY bioterrorism training courses? Yes _____ No _____
- 6) Do you have any experience in tropical disease medicine, or practiced in a Third World country? Yes _____ No _____
- 7) Do you have access to the Internet at your office? Yes _____ No _____
- 8) Do you have access to the Internet at your home? Yes _____ No _____
- 9) Do you routinely visit any of the following health-related websites: (Please check all that apply)
 NYS DOH..... NYC DOH..... CDC..... AMA..... MSSNY.....
 Specialty Society..... (Specify Society) _____
 Other..... (Please Specify) _____
- 10) In the event of an emergency, is there a hospital to which you report? Yes _____ No _____
 Name of Hospital: _____
- 11) Are you willing to be trained to be a speaker on Bioterrorism issues? Yes _____ No _____
- 12) Have you signed up to participate in the New York City Department of Health's "Health Provider Network" (the State's secure health communication system)? Yes _____ No _____
- 13) Have you recently been vaccinated for smallpox? Yes _____ No _____
- 14) In the event of an emergency, do you have a commitment to a Guard or Reserve Unit? Yes _____ No _____

If you are a New York City physician, please respond to the questions below:

- 1) Are you familiar with the New York City Department of Health publication, *City Health Information*? Yes _____ No _____
- 2) Have you participated in any CME offered through *City Health Information*? Yes _____ No _____
- 3) If no, would having the ability to complete CME activities on-line increase the likelihood of your participating? Yes _____ No _____
- 4) Would you be interested in receiving *City Health Information* and other bulletins and alerts from the City Department to your e-mail address? (please provide e-mail address above) Yes _____ No _____
 to your fax? (please provide fax number above) Yes _____ No _____
- 5) In your current position, do you practice clinical medicine? Yes _____ No _____
 If no, are you presently licensed by NY State to practice medicine? Yes _____ No _____
 Are you credentialed by any hospital(s)? Yes _____ No _____

All submitted information is specifically for the purpose of establishing a database to be used in the event of a disaster. All information will be kept confidential.