

Building Trades National Medical Screening Program

INITIAL CONTACT FORM

Please return this form within 10 days of receipt.

Today's Date: ___ / ___ / ___

SECTION I – PERSONAL AND UNION INFORMATION

1. Name: _____ FIRST MI LAST

Please list any other names you have used in the past: _____ FIRST MI LAST

2. Social Security Number: ___ / ___ / ___

3. Date of Birth: ___ / ___ / ___ Gender: [] Male [] Female

4. Current Mailing Address: _____ STREET APT. #

CITY STATE COUNTRY ZIP CODE/FOREIGN ZIP

5. Mobile Phone: (___) _____ What would be the best time to contact you? [] A.M. [] P.M. How did you hear about the program? [] Word of Mouth [] Postcard [] Union Mailing

6. Home Phone: (___) _____ [] Employer [] Brochure [] Union Meeting

7. Were you a member of a Union when you worked at the DOE site? [] Yes [] No [] Other _____

If yes, what union(s) have you been affiliated with? (Check all that apply)

- [] Asbestos Wrkr, LU# [] Iron Workers, LU# [] Plumbers, Pipe Fit, LU# [] Bricklayers, LU# [] Laborers, LU# [] Roofers, LU# [] Boilermakers, LU# [] Millwrights, LU# [] Sheet Metal, LU# [] Carpenters, LU# [] Op. Engineers, LU# [] Teamsters, LU# [] Electrical Wrkr, LU# [] Painters, LU# [] Other, LU# [] Elevator Const, LU# [] Plasters, Masons, LU#

SECTION II – WORK HISTORY

1. Did you ever work at a DOE site? [] NO, Thank you for your time. Please return this form. [] YES, Please continue with the next question.

- 2. At which DOE sites have you worked? (check all that apply) [] Amchitka [] Brush Luckey [] INEEL [] Paducah [] Savannah River [] Argonne-West [] Fernald [] Kansas City Plant [] Pinellas [] Weldon Spring [] Battelle Lab-King [] GE Evendale [] Mallinckrodt [] Piqua [] Yucca Mountain [] Battelle Lab-West [] Hanford [] Mound [] Portsmouth [] Other [] Brookhaven [] Huntington Pilot Plant [] Oak Ridge [] Rocky Flats [] Non-Covered Site

3. At which site did you work the longest? _____

4. What was the first year you worked there? _____ What was the last year you worked at DOE sites? _____

5. What kind of work did you perform at DOE sites? _____

6. Do you think you were exposed to hazardous materials or conditions while working at DOE sites? [] Yes [] No [] Don't Know

List the knowing hazardous materials or conditions: _____

7. Do you think your health was affected because of your work at DOE sites? [] Yes [] No [] Don't Know

8. Indicate the classes of work you performed at DOE sites: [] Construction [] Production [] Maintenance [] Other: _____

Signature _____ Date _____

Thank you for taking the time to fill out this form. Please return this form in the enclosed postage-paid envelope. If you have any questions, please call us toll free at 1-800-866-9663.

Building Trades National Medical Screening Program

PO Box 900960 Seattle, WA 98109 1-800-866-9663 www.btmed.org

White Copy – Return to BTMed - Yellow Copy – Retain for Your Records