

Building Trades National Medical Screening Program

CONSENT TO PARTICIPATE IN A WORK HISTORY QUESTIONNAIRE / INTERVIEW (STAGE 2)

Thank you for returning the Initial Contact Form and Consent Form to Participate in the Building Trades National Medical Screening Program. This Program is designed to provide you with a free medical screening and an evaluation of your current health and risks of future disease as they relate to your past work on a DOE site.

You are now in Stage 2 of the Program. This Stage is where you will be asked to participate in the *Work History Questionnaire/Interview*. The work history questionnaire/interview will take about an hour to complete, and can be conducted in person at a local outreach office, over the phone, or at a secure Internet site (www.btmed.org). If you choose to come to the local outreach office or have the interview over the phone it will be conducted by an interviewer trained specifically for this Program. The Internet interview is self-directed. Before we can conduct the phone interview or accept the interview from the Internet, we need your consent. To consent, please sign this form and return it to the Program at the address below.

The information you provide during the questionnaire/interview will help us determine the types of substances you may have been exposed to while working on a DOE site. When possible, we will provide site maps to help you recall the specific areas you may have worked in. You may decline to answer any questions you are uncomfortable with. However, not answering a question may prevent the Program from uncovering facts about your past exposures that could be helpful in making recommendations for the medical exam. After the questionnaire/interview is completed, a team of occupational health specialists will review the information you provided. Based on the information you provide in the work history questionnaire, the health specialists may recommend that you proceed to Stage 3 which is the medical screening exam. The Program will provide a written recommendation regarding the examination and specific tests you should receive.

Confidentiality and Use of Program Data

All personal information gathered from you for this Program will be kept strictly private. It will be entered into a secure data base that is password protected and accessible only by assigned program personnel. No information with your personal identifiers will be released or used for any purpose other than this Program, unless authorized by you to your personal physician, or as you indicated when you first consented to participate in this Program. When the Program ends, a copy of your Program file will be sent to you and the Program will remove all your personal identifiers, such as name, address, and social security number from our file. Your identified information will also be distributed as directed in your original consent.

Data files without any information that can identify you may be used by our Program staff or other researchers to better understand the types of risks workers may be exposed to, or to determine how well this program is meeting its objectives. Information from such research will be used to protect workers like you better in the future. Release of personal identifiers and de-identified data will be handled in the manner you chose when you consented to participate in this Program.

You are free to refuse any part of this Program and may withdraw from it or ask questions regarding your participation at any time by contacting the Program office at 1-800-866-9663. Dr. Knut Ringen, Principal Investigator, or any of the assigned project personnel can help you. If you have questions regarding your rights as a human subject in this Program, you may contact the Central Department of Energy Institutional Review Board at 865-574-4359. You can also find useful information on our website www.btmed.org.

PARTICIPANT'S CONSENT

I have read the above information and all my questions thus far have been answered. By signing this consent form, I agree to participate in the Program and comply with the requirements of participation in Stage 2 as they have been described to me. I am free to ask questions, refuse any part of the Program, or discontinue my participation at any time by contacting the Program office and that I will receive a signed copy of this consent. I noted my preferences for the use of my identified and de-identified data in the Stage 1 consent form with the understanding that my decisions will be respected and will not influence my ability to participate in this Program.

Signature: _____ Date _____

Name (Please print): _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Legally Authorized Representative: _____

A WITNESS IS REQUIRED

(A spouse or friend may be used to witness your signature.)

Witness Signature:

Witness Name:

Building Trades National Medical Screening Program

P.O. Box 900960 • Seattle, WA 98109

1-800-866-9663

www.btmed.org