CONSENT TO PARTICIPATE IN THE BUILDING TRADES NATIONAL MEDICAL SCREENING PROGRAM (STAGE 1)

You are invited to participate in the Building Trades National Medical Screening Program. This Program is designed to identify health problems caused by hazardous substances that workers may have been exposed to while working on a Department of Energy site. During this Program, you will complete a work history interview and a limited medical screening examination to identify risk factors for diseases that might develop in the future. We will also provide you with information on the risks and how to reduce them. This Program is entirely voluntary and without cost to you. You will not be compensated for your participation. However, you may benefit in increased knowledge about your personal health. Your participation may also benefit future workers by helping to identify trends in groupings of information that may be important to their health and well-being. This Program is funded for a limited time. We cannot assure that it will be continued in the future, or that there will be another program to take its place.

If you choose to participate, you will be asked to sign a Consent form at each of the three Stages of this Program.

Stage 1. Consent to participate in the Program and complete the Initial Contact Form. To begin your participation in the Program, you need to complete the initial contact form and the Stage 1 consent form (this document). After we receive these documents, we will contact you to schedule a work history interview. Please call us at 1-800-866-9663 if you have questions regarding the forms or these instructions or visit our website www.btmed.org for more information.

Stage 2. Consent to participate in the work history interview/questionnaire. The work history interview/questionnaire will take about an hour to complete. It can be conducted in person at a local outreach office, over the phone, or on a secure Internet site. The information you provide will help us determine the substances you may have been exposed to while working on DOE sites. When possible, we will provide site maps to help you recall the specific areas you worked in. After the interview/questionnaire is done, 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 specialist may recommend that you proceed to Stage 3, which is the medical screening exam. The Program will provide you with a written recommendation regarding the examination and specific tests you should receive.

Stage 3. Consent to participate in a free medical screening exam. If you proceed to Stage 3 and choose to participate in the medical screening exam, you will receive a limited physical examination and specific tests as recommended by the occupational health specialists. You will receive a written report of your results, appropriate educational materials, and if required, a referral to your primary care physician or a medical specialist. While the Program will help with referrals when needed, it will not pay for any additional medical care other than what is recommended by the health specialists as part of the screening examination.

Confidentiality and Use of Program Data

The Program will not release any personal or identifying information about you without your consent except when required by law or a court order. When the Program ends, we will send you a complete copy of your file and we will destroy all of your personally identifying information, such as name, address, and social security number that we have in our files. If, for any reason, you want your personal data removed from the database before the Program ends, you must contact the Program at 1-800-866-9663.

Data files without any information that can identify you may be used by the Program staff/or other researchers to better understand the types of risks that you and other workers have been exposed to, or to determine how well this Program has met its objectives. Statistical analysis or research using data from this Program may be published or presented at scientific meetings, but you will not be identified personally.

DEPARTMENT OF ENERGY REQUEST

At the end of this Program, the Department of Energy (DOE) wants to collect the names and mailing addresses of former workers from its sites in order to inform them of any new medical screening program(s) that may be started in the future. DOE will store the information according to the applicable DOE System of Records. DOE will not know which individuals participated in the medical screening or the medical test results.

Because this Program has agreed NOT to release your personal information without your permission, we need your consent to provide DOE with your name and mailing address for the purpose noted above.

I DO want my name and address provided to DOE. Initial here _ .

I DO NOT want my name and address provided to DOE. Initial here_ .

Voluntary Participation

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. Rick Rinehart, 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 and comply with the requirements of participation in Stage 1 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. I will receive a copy of this consent. I have noted my preference for the DOE request, with the understanding that my decision will be respected and will not influence my ability to participate in this Program.

Signature: _____ Date_____

Name (Please print): _____

Phone: (_____)_____

Address: _____

City: _____ State: _____ Zip: _____

A WITNESS IS REQUIRED

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

Witness Signature: _____

Legally Authorized Representative:

_____

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