

Building Trades National Medical Screening Program INITIAL CONTACT FORM

Please return this questionnaire within **10** days of receipt.

Today's date: ____ / ____ / ____

SECTION I - PERSONAL AND UNION INFORMATION

1. Name: _____
FIRST M.I. LAST
2. Social Security Number: ____ / ____ / ____
3. Date of Birth: ____ / ____ / ____ Email Address: _____
4. Current Mailing Address: _____
STREET APT. #
- CITY STATE COUNTRY ZIP CODE/FOREIGN ZIP
5. Home Phone: (____) _____ What would be the best time to contact you? A.M. P.M. How did you hear about the program?
 Word of Mouth Brochure Union Mailings
 Newspaper TV EEOICP Comp Office
 Other _____
6. Work Phone: (____) _____

7. Please list any other names you have used in the past:

Name: _____
FIRST M.I. LAST

8. Were you a member of a Union when you worked at the DOE site? Yes No

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Asbestos Wrkr, LU# _____ | <input type="checkbox"/> Iron Workers, LU# _____ | <input type="checkbox"/> Plumbers, Pipe Fit., LU# _____ |
| <input type="checkbox"/> Bricklayers, LU# _____ | <input type="checkbox"/> Laborers, LU# _____ | <input type="checkbox"/> Roofers, LU# _____ |
| <input type="checkbox"/> Boilermakers, LU# _____ | <input type="checkbox"/> Millwrights, LU# _____ | <input type="checkbox"/> Sheet Metal, LU# _____ |
| <input type="checkbox"/> Carpenters, LU# _____ | <input type="checkbox"/> Op. Engineers, LU# _____ | <input type="checkbox"/> Teamsters, LU# _____ |
| <input type="checkbox"/> Electrical Wrkr, LU# _____ | <input type="checkbox"/> Painters, LU# _____ | <input type="checkbox"/> Other, LU# _____ |
| <input type="checkbox"/> Elevator Const. LU# _____ | <input type="checkbox"/> Plasters, Masons, LU# _____ | <input type="checkbox"/> Other, 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. What DOE sites have you worked at? (check all that apply)
- | | | | | |
|--|---|--|--------------------------------------|--|
| <input type="checkbox"/> Amchitka | <input type="checkbox"/> Brush Luekey | <input type="checkbox"/> INEEL | <input type="checkbox"/> Paducah | <input type="checkbox"/> Savannah River Site |
| <input type="checkbox"/> Argonne-West | <input type="checkbox"/> Fernald | <input type="checkbox"/> Kansas City Plant | <input type="checkbox"/> Pinellas | <input type="checkbox"/> Weldon Spring |
| <input type="checkbox"/> Battelle Lab-King Avenue | <input type="checkbox"/> G.E. Evendale | <input type="checkbox"/> Mallinckrodt | <input type="checkbox"/> Piqua | <input type="checkbox"/> Yucca Mountain |
| <input type="checkbox"/> Battelle Lab-West Jefferson | <input type="checkbox"/> Hanford | <input type="checkbox"/> Mound | <input type="checkbox"/> Portsmouth | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Brookhaven | <input type="checkbox"/> Huntington Pilot Plant | <input type="checkbox"/> Oak Ridge | <input type="checkbox"/> Rocky Flats | |
3. What site did you work at the longest? _____ What was the first year you worked there? _____
4. What was the last year you worked at any DOE site? _____
5. While working at the DOE site what job(s) did you perform? _____
6. While working at the DOE site do you think you were exposed to hazardous materials or conditions? Yes No Don't Know
If so, list the known hazardous materials or conditions _____
7. Do you think your health was affected because of your work at the DOE site? Yes No Don't Know
8. Describe the type of work you performed at the DOE site: Production Construction Maintenance
 Other (please list): _____

Signature _____ Date _____

Thank you for taking the time to fill this out. 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
P.O. Box 900960 · Seattle, WA 98109 · 1-800-866-9663 · www.btmed.org

White Copy - Return to BTMED · Yellow Copy - Retain for Your Records

