PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES (PFAS) RELATED INJURY INTAKE FORM

Please answer every question. Failure to provide complete details can delay our ability to evaluate your claim. All communications will be kept confidential and not obligate you to retain our law firm or create an attorney-client relationship. Upon receipt, one of our firm's attorneys will contact you.

	Last Namo	First Name	Date of Birth:	
	Last Name			
3. Telephone N	umbers: (home)	()		
	(mobile)	()	<u> </u>	
. E-mail Addr	ess:		<u> </u>	
		Single Separate l		
Spouse's Full n	name and Date of Bir	th):		
-		dren residing in your ho		
. Are you brin				
. Are you brin	g this case for yourse		ne else? (circle one)	
. Are you brin	g this case for yourse lse, please provide: Their Name:	elf or on behalf of someo	ne else? (circle one)	
. Are you brin	g this case for yourse lse, please provide: Their Name: Their Date of Birth	elf or on behalf of someo	ne else? (circle one)	
. Are you brin	g this case for yourse lse, please provide: Their Name: Their Date of Birth The reason you are	olf or on behalf of someo	ne else? (circle one)	Seif Someone Else

8. Do you own the property listed above? (circle choice) Yes No
If yes, what year did you purchase the property?
9. Has your family's water tested positive for PFOS, PFOA, or any other PFAS chemicals? Yes No
If so, please provide: Date of Exam:
Results:
Medical Center/Lab:
10. Has your blood been tested for the presence of PFOS, PFOA, or any other PFAS chemicals? If so, please provide the results of any analysis Please provifer copies of lab results if available.
Date of Exam:
Results:
11. At your current address how do you get your water? (circle choice) Public Water Private Well 12. Do you have reason to believe you have been exposed to Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)? Yes No
If yes, where was this exposure?
If yes, when did this exposure start and finish?
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talogo ji setor saken ne taku e kau kara ing anjine an opulak ne je ing ing ing ang pilag ne setor si s Talogo ji

13. Please provide your complete addr	ess history as far back in time as you are able. If you don't recall the
precise address(es) at which you lived,	please provide at least the City and State. If you don't recall the
specific time periods, please give your b	est estimate including at least a year.

1)	T		
(Address, City, State)			Month/Year
(Address, City, State)	Month	ı/Year	Month/Year
3)	; From:	to	
(Address, City, State)	Month	ı/Year	Month/Year
4)	; From:	to	
(Address, City, State)			Month/Year
	; From:	to	
(Address, City, State)			Month/Year
)	; From:	to	
(Address, City, State)			Month/Year
)			
(Address, City, State)			Month/Year
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(Address, City, State)		,	Month/Year
)			
(Address, City, State)			Month/Year
0)			
(Address, City, State)	Month	/Year	Manth/Vear
1)			
(Address, City, State)			
		/ I cal	wionth/ rear
(Address, City, State)			
(Anates, Chy, State)	Wienth	rear	Month/Year

14. Have you been diagnosed with any of the following injuries?

Injury	Diagnosed	ou Been With This ury?	Medical Provided who Diagnosed Your Injury	Date Became Aware of Injury
Testicular cancer	Yes	No		
Kidney cancer	Yes	No		
Thyroid disease	Yes	No		
Ulcerative colitis	Yes	No		
Preeclampsia	Yes	No		
Born with Low Birth Weight (5 pounds or less)	Yes	No		
High Cholesterol	Yes	No		
Bladder Cancer	Yes	No		
Blood Cancers (i.e. Leukemia, Lymphoma, Myeloma)	Yes	No		
Breast Cancer	Yes	No	2	
Liver Cancer	Yes	No		
Pancreatic Cancer	Yes	No	*	
Prostate Cancer	Yes	No		
Thyroid Cancer	Yes	No		
Other Cancer (please specify):	Yes	No		

1) Facility Name:		
Address:		
Phone:	Date Admitted:	Date Discharged:
		Date Discharged:
		Date Discharged:
Injuries Treated/Type	of Surgery:	
4) Facility Name:		
		Date Discharged:
Injuries Treated/Type	of Surgery:	A STATE SHE
5) Facility Name:	Programme Company	
Address:	the second secon	
Phone:	Date Admitted:	Date Discharged:
injuries Treated/Type	of Surgery:	The Same State
6) Facility Name:		
Address:		
Phone:	Date Admitted:	Date Discharged:
Injuries Treated/Type	of Surgery:	, in the second
Arthur Barrell		

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	ny se	rvice/History
2.	Hav	e you ever served in the military?
	2	. If so, what branch did you serve in?
	k	During what time period did you serve?
	C	. What is the highest rank you hold/held?
b.	Hav	e you ever lived directly on a military base?
	Я	. Please list all of the military bases where you and your family have lived or military you were stationed (state the base name and duration you lived there, for example: J 1970 to August 1971)
	Wha	ver worked (including volunteering) as a firefighter?t fire department did you work for?
a.	Wha	ver worked (including volunteering) as a firefighter? t fire department did you work for?
a.	Wha	ver worked (including volunteering) as a firefighter?t fire department did you work for?
a. b.	Wha	rer worked (including volunteering) as a firefighter? t fire départment did you work for? n did you work as a firefighter?
a. b.	Wha	rer worked (including volunteering) as a firefighter? t fire department did you work for? n did you work as a firefighter?
a. b.	Whe	rer worked (including volunteering) as a firefighter? t fire department did you work for? n did you work as a firefighter?
a. b.	Whe	rer worked (including volunteering) as a firefighter? t fire department did you work for? n did you work as a firefighter? e you trained in or did you use Aqueous Fire Fighting Foam? If so where/when?

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