

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 provide 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? _____

13. Please provide your complete address 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 best estimate including at least a year.

- 1) _____; From: _____ to _____
(Address, City, State) Month/Year Month/Year
- 2) _____; From: _____ to _____
(Address, City, State) Month/Year Month/Year
- 3) _____; From: _____ to _____
(Address, City, State) Month/Year Month/Year
- 4) _____; From: _____ to _____
(Address, City, State) Month/Year Month/Year
- 5) _____; From: _____ to _____
(Address, City, State) Month/Year Month/Year
- 6) _____; From: _____ to _____
(Address, City, State) Month/Year Month/Year
- 7) _____; From: _____ to _____
(Address, City, State) Month/Year Month/Year
- 8) _____; From: _____ to _____
(Address, City, State) Month/Year Month/Year
- 9) _____; From: _____ to _____
(Address, City, State) Month/Year Month/Year
- 10) _____; From: _____ to _____
(Address, City, State) Month/Year Month/Year
- 11) _____; From: _____ to _____
(Address, City, State) Month/Year Month/Year
- 12) _____; From: _____ to _____
(Address, City, State) Month/Year Month/Year

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

| Injury | Have you Been Diagnosed With This Injury? | 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 | | |
| Liver Cancer | Yes No | | |
| Pancreatic Cancer | Yes No | | |
| Prostate Cancer | Yes No | | |
| Thyroid Cancer | Yes No | | |
| Other Cancer (please specify): _____ | Yes No | | |

14. Please list your healthcare providers and/or hospital you have seen with relation to your injuries listed in question # 11.

1) Facility Name: _____

Address: _____

Phone: _____ Date Admitted: _____ Date Discharged: _____

Injuries Treated/Type of Surgery: _____

2) Facility Name: _____

Address: _____

Phone: _____ Date Admitted: _____ Date Discharged: _____

Injuries Treated/Type of Surgery: _____

3) Facility Name: _____

Address: _____

Phone: _____ Date Admitted: _____ Date Discharged: _____

Injuries Treated/Type of Surgery: _____

4) Facility Name: _____

Address: _____

Phone: _____ Date Admitted: _____ Date Discharged: _____

Injuries Treated/Type of Surgery: _____

5) Facility Name: _____

Address: _____

Phone: _____ Date Admitted: _____ Date Discharged: _____

Injuries Treated/Type of Surgery: _____

6) Facility Name: _____

Address: _____

Phone: _____ Date Admitted: _____ Date Discharged: _____

Injuries Treated/Type of Surgery: _____

15. Military Service/History

a. Have you ever served in the military? _____

a. If so, what branch did you serve in? _____

b. During what time period did you serve? _____

c. What is the highest rank you held/held? _____

b. Have you ever lived directly on a military base? _____

a. Please list all of the military bases where you and your family have lived or military bases you were stationed (state the base name and duration you lived there, for example: June 1970 to August 1971)

16. Have you ever worked (including volunteering) as a firefighter? _____

a. What fire department did you work for? _____

b. When did you work as a firefighter? _____

c. Were you trained in or did you use Aqueous Fire Fighting Foam? If so where/when?

d. Did you use "turnout gear"? If so, list any brand/manufacturer you recall using.

