

Address _____ Phone _____

Personal/Cancer History

Residency History

Occupational History

Smoking History

If this person is not a life-long resident of Wyandotte, please list other cities of residence and years lived there

please list all places of employment for this person; and, years of employment at each workplace.

*Please use other sheet of paper if more space is needed

Name of person(s) currently living in your home who has (or has had) cancer

type of cancer

Sex (m/f)

Age

Age when cancer was found

how long person lived in wyandotte?

Other city of residence.

Years residing in other city of residence

Workplace

Years worked

Has this person ever smoked?

If yes, how many years?

Please list the names of anyone else who has lived in your home during the past 10 years who has had cancer or has died from cancer

Type of cancer

Sex (m/f)

Age

Age when cancer was found

how long person lived in wyandotte?

Other city of residence

Years residing in other city of residence

Workplace

Years worked

Has this person ever smoked?

If yes, how many years?

Name and Signature of person filling out this form:

(NAME)

(Signature)

***IMPORTANT!!!** Please deposit this completed form in the "Health survey box" located on the front porch at 1569 Elm st, Wyandotte, MI, within the next two weeks. Thank you for your time and involvement in this important survey. Upon analysis of data, results will be publicized in a timely fashion. All names in this survey will remain anonymous in any published reports of these results. God bless you and your family!

Alternatively, you can go online and download the same form at www.dcsweb.org. Then, simply email it to me at baszczec@mtu.edu.