



ENVIRONMENTAL AND OCCUPATIONAL EXPOSURE INFORMATION SHEET

NAME:

DOB:

Date & Time of Death:

Occupation or Description of Environmental Exposure: (use back of form if needed)

Include all: _____
(miner, operator, boat yard, foreman, body shop, agent orange etc.)

Employment or Exposure History:

Total years in surface employment: _____

Total years in underground employment: _____

Smoking History:

Did they ever smoke cigarettes? Y/N

If yes, please answer the following questions:

- For how many years? _____
- On an average, how many cigarettes per day did he or she smoke? _____
- Did he or she smoke cigarettes up until the time of their death? Y/N

If NO, how long before he or she died had they not been smoking cigarettes? _____

Past Medical History (please list on the back of this form any conditions they had and/or conditions he or she was being treated for (examples - high blood pressure, diabetes, cancer)).

THANK YOU. PLEASE RETURN THIS FORM TO:
ForensicDx, 208 Pomroys Drive, P.O. Box 69, Windber, Pennsylvania 15963
FAX: ForensicDx 814-509-6571, Phone: 814-509-6563