

“INDEPENDENT” ATOMIC VETERANS MEDICAL HISTORY QUESTIONNAIRE - 02/07

The information submitted is retained “Private” and utilized ONLY to create statistical data and retain a Medical History Database.

SEND TO:

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Formerly affiliated with the NATIONAL ASSOCIATION OF ATOMIC VETERANS, INC. – NOW an “INDEPENDENT affiliation”

FOR VETERAN [If you have asked for, and received, from DTRA [Defense Threat Reduction Agency] a Dose Reconstruction(s), please attach copy (s).

FOR OFFSPRING [If for Offspring(s), please use One (1) Form for Each.]

From time to time it is necessary for the Association to furnish statistical medical information on Atomic Veterans for news releases or public presentations and to submit data to Congress, the Department of Veteran’s Affairs, the Justice Department, Department of Labor and other government agencies. Without a viable database, which is readily available with a variety of information, we can not properly represent you the Atomic Veteran. To continue this Morbidity Study we are requesting Atomic Veterans, Survivors and/or their offspring to complete this Questionnaire and return it to the Data Base as soon as possible. If the individual veteran is deceased, it is particularly important that this questionnaire be completed as accurately as possible by a survivor, relative or friend. If not previously furnished please enclose a copy of the Death Certificate, preferably with the cause of death, with this completed Questionnaire. No information released will be in violation of the "Privacy Act". For the most part, the information released is in the form of statistics. We DO NOT give out NAMES. Most questions are straight forward but if you have a question please do not hesitate to contact us.

IMPORTANT: Please read the following statement, **sign** (Electronic signature is acceptable) and **date** on the lines provided. **Your signature is required.** Thank you.

I understand this information is needed so that the Database can address problems that I may have and so that certain medical research authorities, with the Database approval, may pursue medical problems of importance to all Atomic Veterans and their offspring.

The information I provide may be used to advance the cause of the Atomic Veterans.
I (GIVE) (DO NOT GIVE) the right to utilize this Medical History information in Statistical Reports only.

Signature: _____ Date: _____

I (GIVE) (DO NOT GIVE) the right to release personal contact information.

Signature: _____ Date: _____

Veteran’s Medical History Survey Data Sheets

United States Atomic & Nuclear Atmospheric Testing (1945 – 1969) and Amchitka, Alaska Operations prior to January 1, 1974

