

Y / N Did you work for the Office of the Chief Medical Examiner?

Y / N Did you work or volunteer in any areas not mentioned above but south of Canal Street in Manhattan?

1. Please complete the number of hours you worked or volunteered in all of the above areas, combined for each day relevant during the month of September 2001 in the table below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		Sep. 11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

2. How many hours per week did you work or volunteer during:

- the week ending October 6th? (first week in October) _____
- the week ending October 13th? (second week in October) _____
- the week ending October 20th? (third week in October) _____
- the week ending October 27th? (last week in October) _____
- the week ending November 3? _____
- the week ending November 10th? (first full week in November) _____
- the week ending November 17th? _____
- the week ending November 24th? _____
- the week ending November 30th? _____
- the week ending December 7th? (first full week in December) _____
- the week ending December 14th? _____
- the week ending December 21st? _____
- the week ending December 28th? _____

How many working days did you work or volunteer in:

January 2002 _____ February _____ March _____ April _____ May _____

New York/New Jersey participating partners and examination locations will include:

Manhattan: Mount Sinai Center for Occupational & Environmental Medicine
Bellevue/New York University, Occupational & Environmental Medicine Clinic

Queens: Queens College Center for the Biology of Natural Systems

Long Island: The State University of New York Stony Brook, Long Island Occupational & Environmental Health
Center with various examination sites in Nassau and Suffolk Counties

New Jersey (Piscataway): University of Medicine and Dentistry of New Jersey, Environmental & Occupational
Health Sciences Institute

This form may be mailed to

**World Trade Center Medical Monitoring Program
Mount Sinai Medical Center
One Gustave L. Levy Place, Box 1057
New York, New York 10029**

or faxed to **(212) 241-1850**

or you may call **1-888-702-0630** for information or to complete this form by phone.

Thank you for providing this information.