

INTAKE

Camp Lejeune Water Contamination

Date of Call: _____

Dependent/Service Member Name: _____ DOB: _____

Person Calling, if Different: _____ Relation: _____

How did they hear about us? _____

Address: _____

Phone Number: _____

Email Address: _____

If deceased, Date of Death: _____ Cause of Death: _____

Were you at Camp Lejeune for more than 30 days between 1953 and 1987? Yes/No

If known, years stationed and/or living at Camp Lejeune: _____ TO _____

Were you the service member: Yes/No Honorably Discharged? Yes/No

Branch: Navy Marine Other: _____

Type of Illness:

Bladder Cancer	Kidney Cancer	Liver Cancer
Multiple Myeloma	Parkinson's Disease	Non-Hodgkin's Lymphoma
Myelodysplastic Syndromes	Adult Leukemia	Aplastic Anemia
Esophageal Cancer	Hepatic Steatosis	Scleroderma
Renal Toxicity (Nephrotoxicity)	Lung Cancer	Pancreatic Cancer
Cervical Cancer	Prostate Cancer	Colorectal Cancer
Ovarian Cancer	Hodgkin's Disease	Breast Cancer
Brain Cancer	Soft Tissue Cancer	Appendix Cancer
Gallbladder Cancer	Thyroid Cancer	Intestinal Cancer
Bile Duct Cancer	Spinal Cancer	End-Stage Renal Disease
Cardiac Defects	Female Infertility	Any other unlisted cancer

Remember There was:

Inhalation Exposure for Enlisted Marines Who Trained in the Indoor Swimming Pool
Inhalation Exposure for Enlisted Marines Who Used Indoor Swimming Pool for Recreation
Inhalation Exposure for Civilians Who Worked in the Naval Hospital Laundry Facility
Inhalation Exposure for Civilians Who Worked in the Industrial Area Laundry Facility
Inhalation Exposure for Enlisted Marines Who Worked in the Mess Hall
Inhalation Exposure for Civilians Who Worked in the Mess Hall

___ Letter and Forms Sent to Client – Date _____

___ Email sent to the client with forms – Date _____