



November 2009

Dear Study Subject:

Please answer the following questions:

1. Name: _____

2. Address: _____

3. Medical History:

a. Please list any neurological problems that you may have had in the past.

b. Explain any neurological complaints that you may currently have.

4. List any medication(s) that you are currently taking:

5. Chemical Exposure(s):

a. List all the chemicals to which you were exposed and the dates of exposure (if known).

b. Indicate how much of each chemical to which you were exposed (if known).

c. How long were you exposed to each chemical (if known)?

d. How many times were you exposed to each chemical?



DUKE UNIVERSITY HEALTH SYSTEM

Please return this form along with the signed consent form and the supplemental aircraft questionnaire by mail, fax, or email to:

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