

This is a short simple form to establish a basic file on people who have experienced health problems that may have been caused by exposure to polluted waters. These files and their contents will not be published without the person's permission. We may use a summary of cases but would not use the people's actual names without permission. We may approach you if we feel that your case would be useful in furthering Clean Ocean Foundation's aims and objectives. If you need more forms, please copy this one or download more from www.cleanocean.org

Personal Details:

Date: ___/___/___

Name:.....

Address:.....
.....

Postcode:..... Tel:.....

Date of Birth ___/___/___ Occupation.....

Details of health problems:

Please specify the type of illness (tick as appropriate)

- | | | |
|---|---|---|
| <input type="checkbox"/> Ear, nose and throat infection | <input type="checkbox"/> Infected wound | <input type="checkbox"/> Respiratory (chest) |
| <input type="checkbox"/> Eye | <input type="checkbox"/> skin | <input type="checkbox"/> Gastrointestinal (stomach) |
| <input type="checkbox"/> Specific viral (meningitis, hepatitis, chicken pox, etc) | | <input type="checkbox"/> Non-specific viral |
| <input type="checkbox"/> Other (please specify)..... | | |

Did you visit a doctor? Yes No

Did you visit more than once? Yes No

Do medical records exist? Yes No

Were swabs or blood tests taken – if so, what were the results? Yes No

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Has a doctor expressed an opinion on the cause of the illness – if so what? Yes No

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Were you: Swimming Surfing Windsurfing Diving/Snorkeling Paddling

Other (Please specify).....

When did you go in the polluted water? ___/___/___

What was the wind direction?..... What was the approx. wind speed/strength?.....

Where did you go into the polluted water?.....

Did you lose work due to the illness? Yes No

Would you be willing to work with media on your illness if necessary? Yes No

Are you a member of Clean Ocean Foundation? Yes No

