

FERNALD
THIRD
ME-

UC ID CODE#: _____

FERNALD MEDICAL MONITORING PROGRAM
THIRD EXAMINATION 1999-A
MEDICAL INFORMATION UPDATE

Do you have any blood relative who have had STOMACH CANCER? ___ YES NO
Write the number of relatives in each category.

- | | |
|---|--|
| ___ grandmother | ___ grandfather |
| ___ mother | ___ father |
| ___ aunt | ___ uncle |
| ___ sister | ___ brother |
| ___ half-sister (if you have the same mother) | ___ half-brother (if you have the same father) |

Do you have any blood relative who have had LEUKEMIA? ___ YES NO
Write the number of relatives in each category.

- | | |
|---|--|
| ___ grandmother | ___ grandfather |
| ___ mother | ___ father |
| ___ aunt | ___ uncle |
| ___ sister | ___ brother |
| ___ half-sister (if you have the same mother) | ___ half-brother (if you have the same father) |

Do you have any blood relative who have had HODGKIN'S DISEASE, LYMPHOMA, AND OTHER CANCERS OF THE LYMPH NODES? YES ___ NO
Write the number of relatives in each category.

- | | |
|---|--|
| ___ grandmother | ___ grandfather |
| ___ mother | ___ father |
| ___ aunt | ___ uncle |
| <u>1</u> sister | ___ brother |
| ___ half-sister (if you have the same mother) | ___ half-brother (if you have the same father) |