

AGENT ORANGE QUESTIONNAIRE (FAMILY CLAIM)

Identification of Class Member			
Your name:		Family member name:	
Your address:	Apt/No/Street:		City:
	Province:		Postal Code:
Home Phone:		Work Phone:	
Date of Birth:		E-mail:	
<p>Please indicate the address(es) where your family member was living when you believe that they or their property may have been exposed to the Chemicals sprayed at Gagetown:</p>			
Address:	Apt/No/Street		City:
	Province:		Postal Code:
	Date when resided at this address:		
Address:	Apt/No/Street		City:
	Province:		Postal Code:
	Date when resided at this address:		
Particulars of Claim			
Are you claiming for personal injuries you sustained as a result of exposure to Chemicals at Gagetown?			
Are you claiming because a family member sustained personal injury as a result of exposure to Chemicals at Gagetown?			
Are you claiming for property damage you sustained as a result of exposure to Chemicals at Gagetown?			
Are you claiming because a family member sustained property damage as a result of exposure to Chemicals at Gagetown?			
Were you a member of the military during your time in/around Gagetown?			
Was your family member a member of the military during their time in/around Gagetown?			

SECTION 1: PERSONAL INJURY

If applicable, please describe how you believe your family member was exposed to the Chemicals sprayed at CFB Gagetown, as well as the dates of exposure :

Dates: _____

If applicable, please describe the injuries your family member sustained as a result of exposure to the Chemicals sprayed at CFB Gagetown. Symptoms possibly related to Chemical exposure include: skin disorders, nervous or neurological disorders, diabetes, numerous forms of cancers, heart disease, birth defects, miscarriages, respiratory problems, and liver problems.

- | | |
|------------------------------------------------------------------|----------------------------------------------------------|
| Is there a family history for heart disease? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is there a family history for nervous or neurological disorders? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is there a family history for diabetes? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is your family member a smoker? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is your family member overweight? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is your family member a heavy drinker? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If applicable, please describe the treatment your family member received for the injuries resulting from the exposure to Chemicals sprayed at CFB Gagetown, including where treatment was sought, and how long treatment was given:

Where treatment was sought: _____

Duration of treatment: _____

SECTION 2: PROPERTY DAMAGE

If applicable, please describe how you believe your family member's property was exposed exposure to the Chemicals sprayed at CFB Gagetown, as well as the dates of exposure :

Dates: _____

If applicable, please describe your family member's property damage, sustained as a result of exposure to the Chemicals sprayed at CFB Gagetown:

Additional Comments?:
