

Trailer Formaldehyde Questionnaire

Do not leave any questions unanswered as this may prevent your claim from being properly assessed.
You must submit medical records associated with FEMA trailer formaldehyde exposure.

Name: _____
First Middle Last

Name of Parent or Guardian if a Minor _____

Address: _____
Street City State Zip

Phone: () _____ Phone 2: () _____

E-mail: _____ Age: _____ Sex: _____

DOB: / / _____ Social Security #: - - _____

Did you suffer a medical condition as a result of formaldehyde exposure while residing in a FEMA provided trailer? Yes No

Were you diagnosed by a physician for such condition while residing in a FEMA provided trailer?

Yes No

(If yes, please submit any medical records as well as the doctor's name and address)

What was the Doctor's diagnosis? _____

When was this diagnosis made? _____

Prior to residing in the FEMA provided trailer did you suffer from this condition? Yes No

Please provide the make and model of your FEMA trailer _____

Are you still residing in the FEMA trailer? Yes No

Do you have a history of any other medical conditions? Yes No

If yes, please explain: _____

Did you obtain any medications or prescriptions or medical bills as a result of exposure to formaldehyde in a FEMA provided trailer? Yes No

If yes, please explain and provide copies of such bills: _____

Do you smoke? Yes No How much per day? _____

⚡(Please attach any additional comments or medical documents and return to us as soon as possible)⚡

Signature

Date

Office Use Only