## Health Questionnaire

## 1. BACKGROUND 1. YOUR FULL NAME:\_\_\_\_\_ 2. DATE OF BIRTH: 3. CURRENT MAILING ADDRESS: \_\_ Number Street Zip City Rent/Lease Own What years have you lived here? \_\_\_\_\_\_ to \_\_\_ Where does your household water come from? ☐ Municipality ☐ Private Well ☐ Bottled Water ☐ Other Don't Know 4. PHONE/E-MAIL Home \_\_\_\_\_- \_\_\_\_ Cell: \_\_\_\_\_-Other \_\_\_\_\_ - \_\_\_\_ Fax \_\_\_\_ - \_\_\_\_\_ 5. PLEASE LIST ALL OCCUPANTS IN YOUR HOME: 6. EMPLOYER INFORMATION: Please provide the name and address of your current employer and how long you have worked there: II RESIDENTIAL, PROPERTY & EXPOSURE HISTORY: 7. ARE YOU A LIFETIME RESIDENT OF LASSEN COUNTY If No, when did you move to Lassen County \_\_\_\_\_ ☐ Yes

8. ARE YOU NOW, OR HAVE YOU EVER BEEN AN EMPLOYEE OF PG&E?

No
Yes
DATE: