

**DYNCORP OF COLORADO, INC.
ROCKY FLATS ENVIRONMENTAL TECHNOLOGY SITE
BERYLLIUM HEALTH SURVEILLANCE PROGRAM**

Please fill out this form and return it whether or not you wish to participate in the Department of Energy, Rocky Flats Beryllium Health Surveillance Program. After completing this form, please place it in the pre-paid, pre-addressed envelope and mail it to us.

For those who have never participated.

YES, _____ I wish to participate in the Rocky Flats Beryllium Health Surveillance Program.

NO, _____ I **do not** wish to participate in the Rocky Flats Beryllium Health Surveillance Program at this time.

For those who have participated.

YES, _____ I have participated in the Rocky Flats Beryllium Health Surveillance Program, and wish to be contacted for regular retesting (approximately every 3 years)

NO, _____ I have participated in the Rocky Flats Beryllium Health Surveillance Program, but **do not** wish to be contacted regarding retesting at this time.

If you have any suggestions on how we might improve the Rocky Flats Beryllium Health Surveillance Program, would you please write them down in the space below. If additional space is needed, use the back of this page.

NAME : _____

STREET : _____

CITY : _____

STATE : _____ **ZIP CODE :** _____

HOME TELEPHONE NUMBER: (_____) _____ - _____

WORK TELEPHONE NUMBER: (_____) _____ - _____

DATES EMPLOYED AT ROCKY FLATS From : _____ To : _____

SOCIAL SECURITY NUMBER : _____ **ROCKY FLATS I.D. NUMBER :** _____