



# **NATIONAL ASSOCIATION OF ATOMIC VETERANS, INC.**

**Medical History Custodian – Richard “ Dick “ Conant**

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**Asst. Medical History Custodian - Glen Dale Howard**

7 Peach Blossom Road Los Lunas, NM 87031  
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**FOR VETERAN** \_\_\_\_\_ [If you have asked for, and received, from DTRA [Defense Threat Reduction Agency] a Dose Reconstruction(s), please attach copy (s) to **NAAV MedDB Form B**

**FOR OFFSPRING** \_\_\_\_\_ [If for Offspring(s), please use **NAAV MedDB Form B** for each Offspring]

( **When NAAV MedDB Form B is completed, please return to the above address.**)

From time to time it is necessary for the Association to furnish statistical medical information on Atomic Veterans for news releases or public presentations and to submit data to Congress, the Department of Veteran’s Affairs, the Justice Department, Department of Labor and other government agencies. Without a viable database, which is readily available with a variety of information, we can not properly represent you the Atomic Veteran. To continue this Morbidity Study we are requesting Atomic Veterans and/or their offspring to complete this questionnaire and return it to the NAAV Data Base as soon as possible.

If the individual veteran is deceased, it is particularly important that this questionnaire be completed as accurately as possible by a relative or friend. If not previously furnished please enclose a copy of the Death Certificate, preferably with the cause of death, with this completed questionnaire.

No information released will be in violation of the “Privacy Act”. For ,the most part the information released is in the form of statistics. Most questions are straight forward but if you have a question please do not hesitate to contact us.

**IMPORTANT:** Please read the following statement, sign and date on the lines provided. Your signature is required. Thank you.

I understand this information is needed so that N.A.A.V. can address problems that I may have and so that certain medical research authorities, with N.A.A.V.’s approval, may pursue medical problems of importance to all Atomic Veterans and their offspring. The information I provide may be used by NAAV to advance the cause of the Atomic Veterans.

I (GIVE) (DO NOT GIVE) N.A.A.V. the right to utilize this Medical History information in Statistical Reports only.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

I (GIVE) (DO NOT GIVE) N.A.A.V. the right to release personal contact information.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Medical Data Base Form "B"  
 Veteran's Medical History  
 & Survey Data Sheets**

**United States Atomic & Nuclear Atmospheric Testing ( 1945 – 1969 ) and Amchitka, Alaska Operations prior to January 1, 1974**

Last Name	First Name	Middle Name	DOB	Sex
Home Address	City	St	Zip	Telephone No.
Alternate Address	City	St.	Zip.	Telephone No.
Relationship		Entry Date	E-mail:	
Branch of Service	Rank			
Mil. Svc. Dates	Date of Death	Cause of Death		
DNA Record Y / N	DNA File No.	V.A. Claim No.	V.A. Disability %	Death Cert. Y / N
Atmospheric Test ( s )	Test Year	Test Shot name ( s )	Shot Date ( s )	
Unit ( s )	Ship ( s )	Test Site / Island ( s )		

Dosimeter Y / N	Film Badge Y / N	Radiac Equip. Y / N	Calculated Exposure ( DNA )
Post Test Med. Sym. Y / N	Type Post Test Med. Sym.		
Physical PL: 97 – 72 Y / N	Physical Exam. Location	Pension P. L: 100 – 321 Y / N	
Post Test Cancer: Y / N	Type Post Test Cancers	Date Cancer Diagnosis	
Primary Cancer Site	Secondary Cancer Sites	Additional Medical Problems	
Used V. A. Hospital Y / N	Name & Location of V A H		
Marital Status	Name of Spouse	Number of Children	Number of Grand Children
No. Miscarriages	Sterile Y / N	Number of Great Grand Children	
Genetic Disorders Y / N	Genetic Ailments – Children	Genetic Ailments – Grand Children	
Genetic Ailments – Great Grand Children			

Please add extra sheets as needed.  
 NAAV AV Questionnaire Form 02/20/05