

Three Mile Island Alert - Victim's Health Survey

Note: Participation in this survey is voluntary. You may complete the form anonymously. However, if you are willing to be contacted by other medical or academic researchers, please provide your contact information and sign the separate Privacy Notice. Thank you.

Is this survey for you? If a family member lived in Central Pennsylvania at the time of the TMI accident, March 28, 1979, and has since passed away, please complete this survey on their behalf.

Your Name (optional): _____
Address (if willing to be contacted):

_____ Street

_____ Municipality State Zip

_____ Email (if willing to be contacted)

Victim's Name (optional): _____

Cause of death as listed on death certificate:

_____ Where did they reside (Municipality, State) at the time of the accident?

_____ If different, where did they reside in the intervening years?

_____ Was the victim among the thousands who evacuated Central Pennsylvania at the time of the accident?

YES NO

Please circle any of the health conditions the deceased experienced:

Insomnia Cardiovascular problems Anxiety

Heart Disease Hypertension

Gastrointestinal problems Depression

Headaches Other Mental Health Issues

Was the deceased treated or hospitalized for any of these ailments? If so, please list:

The thyroid is known to be susceptible to damage by radiation exposure. Did the deceased have a thyroid condition?

YES NO

Did the deceased have thyroid or any other form of cancer? If so, please list:

Did the deceased have any other medical conditions that you attribute to the effects of radiation from TMI? If so, please list:

Note, you may attach additional sheets if necessary to provide details about the victim's health issues. Thanks.

Please return completed survey, privacy form, and any attachments to:

TMI Alert Health Survey
315 Peffer Street
Harrisburg, PA 17102

