

U.S. DEPARTMENT OF LABOR

EMPLOYMENT STANDARDS ADMINISTRATIONS  
OFFICE OF WORKERS' COMPENSATION PROGRAMS  
DIVISION OF ENERGY EMPLOYEES OCCUPATIONAL  
ILLNESS COMPENSATION



Date: \_\_\_\_\_ / \_\_\_\_\_ / 200\_\_

Dear Claimant,

Thank you for your participation in the Occupational History Interview today. Your input will aid the Claims Examiner at the DOL District Office in the development of your claim. The information gathered during this interview will be used in developing the most up to date information regarding the possible exposures that \_\_\_\_\_ may have come into contact with while working at a Department of Energy (DOE) site(s). It will also provide the physicians who may be reviewing your case or performing an evaluation with a more complete picture of the worker's exposures, medical condition and history.

If you have any questions regarding the information gathered, or if you come upon other relevant information that you want to share with this program, please contact the District Office at

- 1-877-336-4272 Jacksonville
- 1-888-805-3401 Seattle
- 1-888-805-3389 Denver
- 1-888-859-7211 Cleveland

Thanks Again,

\_\_\_\_\_(Print Name)

Resource Center Staff