**Ohio Community Cancer Concerns**

**Long Reporting Form (for public health)**

As outlined in the *Ohio Community Cancer Concerns Response Protocol*, the following information in this reporting form should be collected from the individual expressing the cancer concern. The county or city health department, with jurisdiction over the area of concern, has primary responsibility for responding to the community cancer concern. The agency or person who initially receives the concern should collect all pertinent contact information and provide it to the appropriate local health department for follow-up.

**INFORMATION TO BE COLLECTED FROM INDIVIDUAL EXPRESSING CONCERN**

NAME: INSTITUTIONAL AFFILIATION:

ADDRESS: CITY/STATE/ZIP:

PHONE: ALTERNATE PHONE:

EMAIL:

NATURE OF CONCERN (Check all that apply): HIGH RATE OF CANCER [ ]  ENVIRONMENTAL EXPOSURE [ ] OTHER [ ]  (Please explain)

RECEIVED BY: PHONE [ ]  FAX [ ]  EMAIL [ ]  LETTER [ ]  IN PERSON [ ]

DATE RECEIVED:

PREFERRED METHOD OF CONTACT: PHONE [ ]  ALTERNATE PHONE [ ]  EMAIL [ ]

**GEOGRAPHIC AREA(S) OF CONCERN** (e.g. City, Township, Neighborhood, Street)

**DEMOGRAPHIC(S) OF CONCERN** (e.g. Age Group, Sex, Race/Ethnicity)

**CANCER SITE(S)/TYPE(S) OF CONCERN** (Indicate # of Suspect Cases for Cancer(s) of Concern)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cancer Site/Type** | **No.** | **Cancer Site/Type** | **No.** | **Cancer Site/Type** | **No.** |
| Bladder |  | Leukemia |  | Prostate |  |
| Brain & Other Central Nervous System |  | Liver & Intrahepatic Bile Duct |  | Stomach |  |
| Breast |  | Lung & Bronchus |  | Testis |  |
| Cervix |  | Melanoma of the Skin |  | Thyroid |  |
| Colon & Rectum |  | Myeloma |  | Uterus |  |
| Esophagus |  | Non-Hodgkin’s Lymphoma |  | Other (Please Specify Below) |  |
| Hodgkin’s Lymphoma |  | Oral Cavity & Pharynx |  |  |  |
| Kidney & Renal Pelvis |  | Ovary |  |  |  |
| Larynx |  | Pancreas |  | Unknown |  |

**ENVIRONMENTAL EXPOSURES OF CONCERN** (e.g. Air/Water/Soil Pollution, Radiation, Hazardous Waste Site):

**INFORMATION ON SUSPECT CASES/DEATHS**\* (Note: The individual may opt to send a line listing. Line listings should be sent to the department of jurisdiction via confidential postal mail or email only).

**\*Are the following individuals aware that their personal information is being reported?** YES [ ]  NO [ ]

NAME:

RESIDENCE AT DIAGNOSIS: CITY/STATE/ZIP:

CURRENT RESIDENCE: CITY/STATE/ZIP:

CANCER SITE/TYPE: DATE OF DIAGNOSIS:

AGE: DATE OF BIRTH: SEX: RACE/ETHNICITY: VITAL STATUS:

NAME:

RESIDENCE AT DIAGNOSIS: CITY/STATE/ZIP:

CURRENT RESIDENCE: CITY/STATE/ZIP:

CANCER SITE/TYPE: DATE OF DIAGNOSIS:

AGE: DATE OF BIRTH: SEX: RACE/ETHNICITY: VITAL STATUS:

NAME:

RESIDENCE AT DIAGNOSIS: CITY/STATE/ZIP:

CURRENT RESIDENCE: CITY/STATE/ZIP:

CANCER SITE/TYPE: DATE OF DIAGNOSIS:

AGE: DATE OF BIRTH: SEX: RACE/ETHNICITY: VITAL STATUS:

**INDIVIDUAL WHO RECEIVED THE INITIAL CONCERN**

NAME, TITLE: AGENCY/JURISDICTION:

ADDRESS: CITY/STATE/ZIP:

EMAIL: PHONE:

**INDIVIDUAL WHO RESPONDED TO THE INITIAL CONCERN** (If different from above)

NAME, TITLE: AGENCY/JURISDICTION:

ADDRESS: CITY/STATE/ZIP:

EMAIL: PHONE:

**INDIVIDUAL CONCERN ASSIGNED TO**

NAME, TITLE: AGENCY/JURISDICTION:

ADDRESS: CITY/STATE/ZIP:

EMAIL: PHONE:

**ADDITIONAL INFORMATION/COMMENTS**