



ORRHES is Collecting Community Concerns Relating to the Oak Ridge Reservation Site

COMMUNITY HEALTH CONCERNS COMMENT SHEET

The Oak Ridge Reservation Health Effects Subcommittee (ORRHES) provides advice and recommendations to ATSDR and the Centers for Disease Control and Prevention (CDC) regarding off-site public health activities and research at the Department of Energy's (DOE) Oak Ridge Reservation. This Community Health Concerns sheet enables you to document your concerns regarding health impacts associated with the Oak Ridge Reservation site. The information that you provide will be considered by ATSDR in preparing a public health assessment as required by law for sites listed on the U.S. Environmental Protection Agency's National Priorities List (NPL). The Oak Ridge Reservation was placed on the NPL in 1989. A public health assessment is being developed by ATSDR to examine the impact of releases from the Oak Ridge Reservation on people living around the site. A Fact Sheet is available that provides more information on the public health activities being conducted by ATSDR and CDC at the Oak Ridge Reservation. Comments received will be considered in developing the public health assessment document and will become part of the public record. Space is provided on the back of this sheet for you to tell us about your health concerns. You may attach additional sheets, if needed.

PLEASE COMPLETE AND RETURN THIS SHEET TO:

Bill Taylor - OR -
ATSDR Liaison
Oak Ridge Field Office
197 South Tulane Avenue
Oak Ridge, TN 37830
Phone: 865-220-0295
Fax: 865-220-0457
E-mail: wxt4@cdc.gov
Mailing Address: P.O. Box 5088
Oak Ridge, TN 37831-5088

Marilyn Palmer
Designated Federal Official
ATSDR Oak Ridge Reservation Health Effects Subcommittee
1600 Clifton Road, NE (E-32)
Atlanta, GA 30333
Phone: 404-498-1751 or 1-888-422-8737
Fax: 404-498-1744
E-mail: myr4@cdc.gov

If you would like information on ATSDR's future activities regarding the Oak Ridge Reservation site, please complete the section below.

Name _____

Address _____

Email address (optional) _____

Phone number (optional) _____

Are you on our mailing list?

Yes

No

PLEASE TELL US ABOUT YOUR HEALTH CONCERN

Name (Optional) _____

I: CONCERN/ISSUE STATEMENT

Please explain your health concern or situation in detail.

Tracking No.

Initials Date Concern No.

None See attachments: Yes No

II: SUPPORTING INFORMATION (e.g., Rationale/References)

Please do not send confidential medical information.

None See attachments: Yes No

III: PREVIOUS ACTION TAKEN (Contact with local, state, or federal agencies)

None See attachments: Yes No

IV: SUGGESTED ACTION OR SOLUTION

None See attachments: Yes No