

Request to Certify Health Conditions:

**Guidance to Providers About Required Information
& Optional Formats**

[WTC-3 method]

World Trade Center Health Program

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Instructions for Completing a WTC-3 Package

The WTC Health Program has prepared this instructional guide to assist the Clinical Centers of Excellence (CCE) in proper completion of the certification process. Please ensure that essential information is included in the WTC-3 narrative to enable the WTC Health Program medical reviewer to evaluate the physician's determination regarding the linkage between WTC exposures and qualifying health conditions, or the linkage between qualifying medically associated health conditions and the stated certified WTC-related health condition. Incomplete, invalid or inadequate packages will be returned to the CCE Director without further processing.

Narratives for WTC-related health conditions should contain two main components: 1) the responder or survivor's WTC exposures as a result of the September 11, 2001 terrorist attacks and subsequent response and recovery operations and 2) a summary of the medical conditions under consideration for certification and their temporal relationship to any pertinent WTC exposures.

Narratives for WTC-associated health conditions should contain two main components: 1) the qualifying WTC-related condition and 2) how the associated health condition was caused by the progression of the WTC-related condition or its treatment.

We have developed several optional forms that may be used to assist you in preparing your WTC-3 narratives. They contain questions which highlight and stipulate the type of exposure and health condition information that we feel is important in determining certification. Three forms were created to cover different categories of exposure, depending on whether the exposure is relevant to physical or mental health, and further whether the person is a responder or a survivor. Two forms were created for different categories of health conditions; one for WTC-related conditions, and one for WTC-associated conditions. The answers to these forms are designed to guide you in drafting an open narrative describing the exposures involved and the health conditions to be certified. Please note that you have the option of filling out the optional forms directly and utilizing them in place of an open narrative, as opposed to using them as a guide for developing an open narrative. Either option is acceptable.

Notes regarding each optional form:

1) Exposure form for physical health issues (responders)

This form is designed to provide appropriate description of exposures incurred by WTC responders only.

2) Exposure form for physical health issues (survivors)

This form is designed to provide appropriate description of exposures incurred by WTC survivors only.

3) Exposure form for psychological conditions (responders or survivors)

This form can be utilized to describe exposures pertinent to mental health diagnoses for either responders or survivors.

Instructions for Completing a WTC-3 Package

4) Medical form for WTC-related health conditions (responders or survivors)

This form contains a series of questions designed to elicit key aspects of a medical condition that are pertinent to WTC certification. This includes such aspects as the initial onset of symptoms, date of diagnosis, evolution of symptomatology over time, and the timing of symptomatology in relation to WTC exposures. Note that the first five questions are required, while questions 6 and 8 are optional. Question 7 can be optionally elaborated upon in free text. Clinicians are highly encouraged to make use of these optional questions whenever the exposure-disease linkage could be seen as tenuous or ambiguous. This may occur, for example, in cases where WTC exposures were short in duration, low in intensity, or first occurred many months after September 11, 2001. Cases in which there is an apparent long latency between WTC exposure and symptom onset might benefit from further explanation of the perceived linkage between exposure and health condition. Added information which could be provided in these optional questions include underlying susceptibility factors (see examples 1, 4, 5, 8, 9, and 10) that may have put the member at higher risk for development of the condition in question (covered by Question 6).

5) Medical form for WTC-associated health conditions (responders or survivors)

This form is designed to elicit a full description of conditions which are not directly related to WTC exposures, but that are associated with a condition which is directly related to WTC exposure. Associated conditions, per the Zadroga Act, are defined as conditions which have resulted from the treatment for a WTC-related condition, such as a serious side effect of treatment. It may also be a condition which represents a potential natural progression of an ongoing WTC-related condition. Associated conditions may also be included on the WTC-related health condition form (example 10).

Sample Narratives

To further assist you in developing narratives for WTC-3 certification, we have created a number of examples which demonstrate the type of narrative that is most suitable for certification purposes. We have utilized a variety of WTC-related health conditions for these examples, including asthma, chronic rhinosinusitis, gastroesophageal reflux disorder (GERD), back pain, depression, and post-traumatic stress disorder (PTSD). Note that these conditions were picked because they are common, and are meant to illuminate the nature and content of a suitable narrative for that condition, but are designed to be generalizeable to a wide array of WTC-related conditions. For each example, we first provide a suitable open narrative, followed by appropriately completed optional forms which contain identical information to the open narrative. We have also provided several sample narratives with multiple WTC-related conditions (examples 5, 9, and 10) or WTC-associated conditions (example 11). Note that where a case contains both physical health and mental health conditions, these two categories of health condition are described in separate paragraphs within the narrative (examples 5, 9, 10, and 11). Again, WTC-3 narratives can be submitted either as an open narrative, or as a set of completed forms.

Instructions for Completing a WTC-3 Package

A complete WTC-3 package should contain the following items:

1) WTC-3 Request Form

2) Authorization to Release Medical Records Form signed by the WTC Health Program member. Please utilize the appropriate medical records release form for your institution to grant such a release of information.

3) Medical Rationale

Option A: Use of an open narrative

The narrative should contain exposure and clinical information. The required content is illustrated by the optional exposure and health condition forms described above. Please also refer to the *Guidance for Zadroga Test of Exposure* (in appendix A) when exposure-disease linkage needs further substantiation.

Option B: Use of optional forms (directly filled out and submitted):

Option B requires that two forms be submitted*:

1) Optional Exposure Form(s), depending on the exposure pathway and the type of condition under consideration.

2) Optional Medical Form(s): one form can be used for each condition or more than one condition can be covered on a single form.

*If you are submitting a WTC-associated condition for certification and the WTC-related condition has already been certified then only a medical form is required (see example 11).

Request for Certification of Health Conditions

Instructions to World Trade Center (WTC) Health Program Physician or Licensed Mental Health Professional: Please use this form to request certification of WTC-related or medically associated health conditions for an individual enrolled in the WTC Health Program. A complete WTC-3 package should contain the WTC-3 Request Form and an “Authorization to Release Medical Records” signed by the WTC Health Program member. Please utilize the appropriate medical records release form for your institution to grant such a release of information.

The WTC-3 package must contain key information in the “Narrative” section – including a description of relevant exposures related to the terrorist attacks on September 11, 2001, clinical history about the qualifying WTC-related medical condition(s), and the temporal relationship between the stated exposure(s) and the onset of the WTC-related condition (or heralding symptoms). Narratives for medically associated health conditions must explain how the medically associated health condition was due to a further progression of the WTC-related condition or an adverse treatment effect. You may use an open text paragraph format or insert optional forms to justify the request. In constructing your response for WTC-related health conditions, please refer to the ***Guide: Zadroga Test of Exposure*** and the ***Best Practice Templates***.

Submit the completed WTC-3 Package to your Clinical Center of Excellence (CCE). The CCE representative should then submit the completed WTC-3 Package to the WTC Health Program using the approved secure file transfer protocol and keep a record of the tracking number for this request. If you have any questions or problems, please call 1.888.WTC.HP4U (1.888.982.4748) between 8 am and 8 pm EST Monday through Saturday.

CCE TRACKING NUMBER: _____

1. Member information.

Responder/Survivor Name: _____
(First, MI, Last)

WTCHP ID #: _____ Date of Birth: _____
(m/d/y)

Circle appropriate category: Responder or Survivor

2. Name and contact information of the physician or licensed mental health professional

Name of Provider: _____
(First, MI, Last)

Specialty: _____ Degree: _____

Telephone: _____ Email: _____

CCE affiliation: _____

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3. WTC-related condition for consideration. Please provide the information requested below. Skip this section if you are not submitting a WTC-related condition.

WTC-related health condition	Current ICD code (i.e., 2012-ICD9-CM)	Date Treatment Initiated by CCE

Are you requesting a time-limited authorization pending certification by the WTC Program Administrator in order to provide medically necessary treatment for one of the covered WTC-related conditions?

- ☐ Yes - Specify which (name and ICD code): _____
- ☐ No

4. Medically-associated health conditions for consideration. Please provide the information requested below. Skip this section if you are not submitting a medically-associated health condition.

Medically-associated health condition			WTC-related health condition involved	
Health Condition	ICD CODE	Date Treatment Initiated by CCE	Health Condition	ICD CODE

Are you requesting a time-limited authorization to provide medically necessary treatment for one of the medically associated conditions?

- ☐ Yes - Specify which (name and ICD code): _____
- ☐ No

Physician or Licensed Mental Health Professional Determination:

With the patient's approval, the medical file is incorporated by reference and available to support the information on the form. By signing below, I certify that the information I have provided on this form is true and accurate. I understand that any false statements or concealment of material facts may subject me to criminal penalties under 18 U.S.C. § 1001 and 18 U.S.C. § 1035.

Health Provider Name: _____
(First, MI, Last)

Health Provider Signature: _____ Date _____

Do Not Write Below this Line

- ☐ Approved by, or on behalf of, the WTC Program Administrator
- ☐ Not Approved by, or on behalf of, the WTC Program Administrator

Name: _____ Signature: _____

Date: _____ Effective date for treatment reimbursement: _____

Exposure form for physical health conditions (responders)

Name of WTCHP Member: [Click here to enter name](#) WTCHP ID Number: [Click here to enter #](#)

1. Occupation just prior to September 11, 2001? [Click here to enter text](#)

2. Dates of response and recovery service:

Start: [Click here to enter text](#)

Finish: [Click here to enter text](#)

Comments (optional): [Click here to enter text](#)

3. Average hours per day: [Click here to enter text](#)

4. Estimate of total time engaged in response and recovery work:

[# Days](#) days

[# Weeks](#) weeks

[# Months](#) months

Comments (optional): [Click here to enter text](#)

5. Was the responder in lower Manhattan (south of Canal Street) at anytime on September 11, 2001?

☐ Yes ☐ No

If yes – then review below:

☐ Directly in the cloud of dust (or “blackout”) from the collapse of the WTC buildings

☐ Exposed to significant amounts of dust but not directly in the cloud of dust from the collapse of the WTC buildings

☐ Exposed to some dust but not in the cloud of dust from the collapse of the WTC buildings

☐ Not exposed to dust and not in the cloud of dust from the collapse of the WTC buildings

☐ Don’t know

Comments (optional): [Click here to enter text](#)

6. Location of work (select all that apply):

☐ On the pile/in the pit

☐ Adjacent to the pile/pit

☐ Landfill

☐ Barges/loading piers

☐ Elsewhere south of Canal Street

☐ Other location – specify: [Click here to enter text](#)

☐ Don’t know

Comments (optional): [Click here to enter text](#)

Exposure form for physical health conditions (responders)

7. Job/tasks performed (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Body bag work | <input type="checkbox"/> Industrial hygiene |
| <input type="checkbox"/> Bucket brigade | <input type="checkbox"/> Morgue work |
| <input type="checkbox"/> Cable installation/repair/splicing
(excluding work performed in manholes) | <input type="checkbox"/> Perimeter security |
| <input type="checkbox"/> Cable installation/repair/splicing
(including work performed in manholes) | <input type="checkbox"/> Sanitation worker |
| <input type="checkbox"/> Canteen services | <input type="checkbox"/> Search and rescue |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Sifting (excluding conveyor belt) |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Sifting (including conveyor belt) |
| <input type="checkbox"/> Dog handler | <input type="checkbox"/> Towing |
| <input type="checkbox"/> Dust suppression | <input type="checkbox"/> Truck loading/unloading |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Truck routing |
| <input type="checkbox"/> Escorting | <input type="checkbox"/> Torch cutting or burning |
| <input type="checkbox"/> Excavation/confined space work | <input type="checkbox"/> Work with concrete |
| <input type="checkbox"/> Fire fighter | <input type="checkbox"/> Other, specify: Enter text |

Comments (optional): [Click here to enter text](#)

8. Did the responder work in any enclosed area(s) (e.g., subgrade levels like tunnels or basement, buildings) or in any area(s) not open to the general atmosphere? ☐ Yes ☐ No ☐ Don't know

If yes, select all that apply:

- ☐ Performed torch cutting or burning in any enclosed area(s)
- ☐ Worked near torch cutting or burning in any enclosed area(s)
- ☐ Performed concrete work in any enclosed area(s)
- ☐ Worked near concrete work in any enclosed area(s)
- ☐ Other - describe: [Click here to enter text](#)

Comments (optional): [Click here to enter text](#)

9. Where did the responder sleep during their dates of service?

- ☐ Always off-site
- ☐ Never off-site
- ☐ Majority of time off-site but some on-site
- ☐ Majority on-site but some off-site

Comments (optional): [Click here to enter text](#)

10. Did the responder live, work (other than the response and recovery work noted above), or go to school in the New York City disaster area* during the 12 months after September 11, 2001?

☐ Yes ☐ No ☐ Don't know

*The 'New York City disaster area' means the area of Manhattan south of Houston Street; and any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site.

Exposure form for physical health conditions (responders)

If yes, please provide the following information:

Dates	Activity (e.g., live, school, work) - if worked, describe job tasks	Location (e.g., south of Chambers Street, Canal Street, 14 th Street, or Houston Street in Manhattan; or western Brooklyn)
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text

11. Optional - Please use this space to provide additional comments for consideration:

[Click here to enter text](#)

Exposure form for physical health conditions (survivors)



Name of WTCHP Member: [Click here to enter name](#) WTCHP ID Number: [Click here to enter #](#)

1. On September 11, 2001 after the terrorist attack was the survivor in the New York City disaster area*? ☐ Yes ☐ No ☐ Don't know

If yes, check all that apply:

- ☐ Worker in one of the WTC towers
- ☐ Worker in surrounding offices, stores, restaurants, or other workplace
- ☐ Patron of surrounding stores, offices, or restaurants
- ☐ Student or staff at school or preschool
- ☐ Adult in daycare or staff at a daycare center
- ☐ In transit; describe: [Click here to enter text](#)
- ☐ At place of residence
- ☐ Other location: Specify: [Click here to enter location](#)

Comments (optional): [Click here to enter text](#)

2. Was the survivor exposed to a significant amount of dust on September 11, 2001? ☐ Yes ☐ No ☐ Don't know

If yes – then review below (select all that apply):

- ☐ Caught in WTC debris before the WTC towers collapsed
- ☐ Directly in the cloud of dust when the WTC towers collapsed
- ☐ Not directly in the cloud of dust but was exposed to significant amounts of dust - If checked, describe: [Click here to enter text](#)

Comments (optional): [Click here to enter text](#)

3. Did the survivor work or go to school in the New York City disaster area* on September 11, 2001?

- ☐ Yes – describe: [Click here to enter text](#)
- ☐ No
- ☐ Don't know

If yes, check all that apply:

- ☐ Evacuated or left work or school
Date evacuated or left: [Click here to enter date](#)
Date returned: [Click here to enter date](#)

Comments (optional): [Click here to enter text](#)

- ☐ Damage to workplace or school immediately after the 9/11 terrorist attack (e.g., broken windows, broken building pieces present, interior wall damage, furnishings)

Exposure form for physical health conditions (survivors)

damaged)

Comments (optional): [Click here to enter text](#)

- ☐ Workplace or school covered in dust after the collapse of the WTC towers on September 11, 2001

If checked: Did the survivor helped clean the workplace or school of the dust, or was the survivor present during the cleaning?

☐ Yes ☐ No ☐ Don't know

If yes – then review:

Broom used during the cleaning

☐ Yes ☐ No ☐ Don't know

Compressed air used during the cleaning

☐ Yes ☐ No ☐ Don't know

Hard surfaces wet wiped (mop or damp cloth)

☐ Yes ☐ No ☐ Don't know

Vacuum used during the cleaning

☐ Yes ☐ No ☐ Don't know

If yes, did the vacuum have a HEPA filter?

☐ Yes ☐ No ☐ Don't know

Carpet replaced during the cleaning

☐ Yes ☐ No ☐ Don't know

Did the survivor wear personal protective equipment (e.g., gloves, goggles, respirator) during the cleaning?

☐ Yes ☐ No ☐ Don't know

If yes, describe: [Click here to enter text](#)

Comments (optional): [Click here to enter text](#)

4. Did the survivor live in the New York City disaster area* on September 11, 2001?

☐ Yes ☐ No ☐ Don't know

If yes, select all that apply:

- ☐ Evacuated or left place of residence

Date evacuated or left: [Click here to enter date](#)

Date returned: [Click here to enter date](#)

Comments (optional): [Click here to enter text](#)

- ☐ Damage to place of residence immediately after the 9/11 terrorist attack (e.g., broken windows, broken building pieces present, interior wall damage, furnishings damaged)

Comments (optional): [Click here to enter text](#)

Exposure form for physical health conditions (survivors)

☐ Place of residence covered in dust after the collapse of the WTC towers

If checked, select all that apply:

☐ Residence professionally cleaned

☐ Residence cleaned by nonprofessional cleaners (e.g., residents, family members)

☐ Survivor helped clean the residence of dust or was present during the cleaning - If checked – then review

Broom used during the cleaning

☐ Yes

☐ No

☐ Don't know

Compressed air used during the cleaning

☐ Yes

☐ No

☐ Don't know

Hard surfaces wet wiped (mop or damp cloth)

☐ Yes

☐ No

☐ Don't know

Vacuum used during the cleaning

☐ Yes

☐ No

☐ Don't know

If yes, did the vacuum have a HEPA filter?

☐ Yes

☐ No

☐ Don't know

Carpet replaced during the cleaning

☐ Yes

☐ No

☐ Don't know

Did the survivor wear personal protective equipment (e.g., gloves, goggles, respirator) during the cleaning? ☐ Yes ☐ No ☐ Don't know

If yes, describe: [Click here to enter text](#)

Comments (optional): [Click here to enter text](#)

5. Did the survivor live, work (other than the rescue and recover work noted above), or go to school in the New York City disaster area* during the 12 months after September 11, 2001?

☐ Yes

☐ No

☐ Don't know

If yes, please provide the following information:

Dates	Activity (e.g., live, school, work) - if worked, describe job tasks	Location (e.g., south of Chambers Street, Canal Street, 14 th Street, or Houston Street in Manhattan; or western Brooklyn)
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text

Exposure form for physical health conditions (survivors)

6. Optional - Please use this space to provide additional comments for consideration.

[Click here to enter text](#)

*The 'New York City disaster area' means the area of Manhattan south of Houston Street; and any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site.

Exposure form for psychological conditions (responders or survivors)

Name of WTCHP Member: [Click here to enter name](#) WTCHP ID Number: [Click here to enter #](#)

1. For a Responder: estimate of total time engaged in response and recovery work:
[# Days](#) days [# Weeks](#) weeks [# Months](#) months ☐ N/A (survivor)

2. For a Responder: select the bullets corresponding to locations of work:

- ☐ On the pile/in the pit
- ☐ Adjacent to the pile/pit
- ☐ Landfill
- ☐ Barges/loading piers
- ☐ Elsewhere south of Canal Street
- ☐ Other location – specify: [Click here to enter text](#)
- ☐ Don't know
- ☐ N/A (survivor)

Comments (optional): [Click here to enter text](#)

3. For a Responder: what types of job tasks were performed (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Body bag work | <input type="checkbox"/> Industrial hygiene |
| <input type="checkbox"/> Bucket brigade | <input type="checkbox"/> Morgue work |
| <input type="checkbox"/> Cable installation/repair/splicing
(excluding work performed in manholes) | <input type="checkbox"/> Perimeter security |
| <input type="checkbox"/> Cable installation/repair/splicing
(including work performed in manholes) | <input type="checkbox"/> Sanitation worker |
| <input type="checkbox"/> Canteen services | <input type="checkbox"/> Search and rescue |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Sifting (excluding conveyor belt) |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Sifting (including conveyor belt) |
| <input type="checkbox"/> Dog handler | <input type="checkbox"/> Towing |
| <input type="checkbox"/> Dust suppression | <input type="checkbox"/> Truck loading/unloading |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Truck routing |
| <input type="checkbox"/> Escorting | <input type="checkbox"/> Torch cutting or burning |
| <input type="checkbox"/> Excavation/confined space work | <input type="checkbox"/> Work with concrete |
| <input type="checkbox"/> Fire fighter | <input type="checkbox"/> Other, specify: Enter text |
| | <input type="checkbox"/> N/A (survivor) |

Comments (optional): [Click here to enter text](#)

4. Did member need to relocate their home (temporary) as a result of these events?

- ☐ Yes, describe how long: [Click here to enter text](#)
- ☐ No
- ☐ N/A

Comments (optional): [Click here to enter text](#)

Exposure form for psychological conditions (responders or survivors)

5. Was the member's home damaged as a result of these events?

- ☐ Yes, describe: [Click here to enter text](#)
- ☐ No
- ☐ N/A

6. Did the member need to change their place of work or occupation as a result of these events?

- ☐ Yes, describe: [Click here to enter text](#)
- ☐ No
- ☐ N/A

If yes:

Was the member able to find work at an equivalent rate of pay or position status?

- ☐ Yes
- ☐ No, explain the outcome [Click here to enter text](#):

7. Please check the appropriate bullets below to indicate pertinent exposures:

- ☐ Direct witnessing of horror (e.g., people jumping from skyscraper, mutilated bodies)
- ☐ Direct recovery of body parts. If checked – then review below
 - ☐ Had prior training and experience for this task
 - ☐ No prior training or experience for this task
- ☐ Serious injury to self
- ☐ Experience threat to own life (e.g., caught in dust cloud during collapse)

Describe: [Click here to enter text](#)

- ☐ Loss of loved ones or co-workers from the event
- ☐ Change in abilities due to difficulties associated with a co-morbid WTC-related medical condition or injury – if checked, please explain:
[Click here to enter text](#)
- ☐ Loss of reasonable employment due to circumstances initiated by the event – if checked, please explain:
[Click here to enter text](#)

8. Optional - Please provide any additional exposure-related comments that should be considered.
[Click here to enter text](#)

Name of WTCHP Member: [Click here to enter name](#) WTCHP ID Number: [Click here to enter #](#)

1. Specify the WTC-related health condition(s) under consideration:

[Click here to enter text](#)

2. What were the earliest symptoms of the disorder/disease and the temporal relationship to any pertinent WTC exposures?

[Click here to enter text](#)

3. When (month/year) did these *symptoms* first begin?

[Click here to enter text](#)

☐ Check here if the date refers to a worsening course of a pre-existing condition
If checked, specify pre-existing condition: [Click here to enter text](#)

4. Date of the diagnosis:

[Click here to enter text](#)

5. To support the exposure-disease linkage, describe the clinical presentation of this disorder/disease, including initial presentation, response to treatment, and patterns over time. For mental health conditions, indicate whether symptoms include thought content or flashbacks directly related to the September 11, 2001 terrorist attacks.

[Click here to enter text](#)

6. (Optional) - To further support the exposure-disease linkage, describe any underlying susceptibility factors (e.g., family history, other co-existing diseases) that may have affected this person's response to exposures from this disaster and possibly increased their risk for the medical conditions under consideration.

[Click here to enter text](#)

7. Please select your response to this statement:

Exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the condition(s) under consideration.

☐ Agree

☐ Disagree

(Optional) - To support the exposure-disease linkage, please explain your reasoning:

[Click here to enter text](#)

8. (Optional) - Please use this space to provide any additional comments that should be considered.

[Click here to enter text](#)

Name of WTC Member: [Click here to enter name](#)

WTCHP ID Number: [Click here to enter #](#)

1. What is the associated health condition under consideration?

[Click here to enter text](#)

2. When (month/year) did the *symptoms* of this health condition first begin?

[Click here to enter text](#)

☐ Check here if the date refers to a worsening course of a pre-existing condition
If checked, specify pre-existing condition: [Click here to enter text](#)

3. Date of the diagnosis:

[Click here to enter text](#)

4. What is the qualifying WTC-related health condition and the date of diagnosis of the qualifying medical condition?

Health condition: [Click here to enter text](#)

Date of diagnosis: [Click here to enter date](#)

WTC certified? [Click here to enter yes or no](#)

5. Is the associated health condition under consideration a result of the treatment of the WTC-related health condition? ☐ Yes ☐ No

If yes, please explain: [Click here to enter text](#)

6. Is the associated health condition under consideration a result of disease progression of the WTC-related health condition? ☐ Yes ☐ No

If yes, please explain. For requests associating a mental health condition to a WTC-related physical health conditions(s), please explain the relationship with a pre-existing WTC-related health condition(s): [Click here to enter text](#)

7. Are there other possible causes of the associated health condition?

☐ Yes ☐ None that I am aware of at this time

If yes, please explain: [Click here to enter text](#)

8. If needed, please use this space to provide any additional comments.

[Click here to enter text](#)

Example 1 - Narrative - Responder with asthma

Mr. John Doe is a 48-year old heavy equipment operator who worked at the WTC site from 10/11/2001 to 7/14/2002 removing debris from the pile at the disaster site. He worked 6 days per week. His average shift length was 10 hours. He wore an N-95 respirator part of the time, but it was never fit-tested. He missed a week of work due to respiratory symptoms and two weeks for an out-of-town family event. In April 2002 while working at the WTC disaster site, he developed shortness of breath, wheezing, and chest tightness. In late August 2002, Mr. Doe was evaluated by his family physician. He complained of shortness of breath, wheezing, and chest tightness during exertion and at night. He stayed home sick for a week because of his respiratory symptoms. He denied fevers, post-nasal drip, gastroesophageal reflux, or hay fever symptoms. He did report childhood asthma during grade school but reported no symptoms during adulthood until he started working at the WTC disaster site. He has smoked since age 18. A chest x-ray showed mild hyperinflation. Spirometry showed airflow obstruction with a substantial bronchodilator response. His family physician diagnosed him with asthma in September 2009. He is currently on Advair 250/50 mcg twice daily with good control of his asthma symptoms.

I believe that Mr. Doe's exposures at the WTC disaster site were substantially likely to be a factor in aggravating, contributing, or causing his asthma. Additionally, he has underlying susceptibility factors (childhood asthma and cigarette smoking) that may have affected his response to exposures from this disaster and increased his risk for chronic asthma.

Example 1 - Exposure form for physical health conditions - Responder with asthma

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Occupation just prior to September 11, 2001? Heavy equipment operator

2. Dates of response and recovery service:

Start: 10/11/2001

Finish: 7/14/2002

Comments (optional): He worked 6 days per week; he missed one week due to respiratory symptoms and an additional two weeks for an out-of-town family event.

3. Average hours per day: 10 hours

4. Estimate of total time engaged in response and recovery work:

Days days

Weeks weeks

8 months

Comments (optional): [Click here to enter text](#)

5. Was the responder in lower Manhattan (south of Canal Street) at anytime on September 11, 2001?

☐ Yes ☒ No

If yes – then review below:

☐ Directly in the cloud of dust (or “blackout”) from the collapse of the WTC buildings

☐ Exposed to significant amounts of dust but not directly in the cloud of dust from the collapse of the WTC buildings

☐ Exposed to some dust but not in the cloud of dust from the collapse of the WTC buildings

☐ Not exposed to dust and not in the cloud of dust from the collapse of the WTC buildings

☐ Don’t know

Comments (optional): [Click here to enter text](#)

6. Location of work (select all that apply):

☒ On the pile/in the pit

☒ Adjacent to the pile/pit

☐ Landfill

☐ Barges/loading piers

☐ Elsewhere south of Canal Street

☐ Other location – specify: [Click here to enter text](#)

☐ Don’t know

Comments (optional): He removed debris from the pile at the disaster site.

Example 1 - Exposure form for physical health conditions - Responder with asthma

7. Job/tasks performed (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Body bag work | <input type="checkbox"/> Industrial hygiene |
| <input type="checkbox"/> Bucket brigade | <input type="checkbox"/> Morgue work |
| <input type="checkbox"/> Cable installation/repair/splicing
(excluding work performed in manholes) | <input type="checkbox"/> Perimeter security |
| <input type="checkbox"/> Cable installation/repair/splicing
(including work performed in manholes) | <input type="checkbox"/> Sanitation worker |
| <input type="checkbox"/> Canteen services | <input type="checkbox"/> Search and rescue |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Sifting (excluding conveyor belt) |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Sifting (including conveyor belt) |
| <input type="checkbox"/> Dog handler | <input type="checkbox"/> Towing |
| <input type="checkbox"/> Dust suppression | <input type="checkbox"/> Truck loading/unloading |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Truck routing |
| <input type="checkbox"/> Escorting | <input type="checkbox"/> Torch cutting or burning |
| <input type="checkbox"/> Excavation/confined space work | <input type="checkbox"/> Work with concrete |
| <input type="checkbox"/> Fire fighter | <input checked="" type="checkbox"/> Other, specify: Heavy equipment operator |

Comments (optional): [Click here to enter text](#)

8. Did the responder work in any enclosed area(s) (e.g., subgrade levels like tunnels or basement, buildings) or in any area(s) not open to the general atmosphere? ☐ Yes ☒ No ☐ Don't know

If yes, select all that apply:

- ☐ Performed torch cutting or burning in any enclosed area(s)
- ☐ Worked near torch cutting or burning in any enclosed area(s)
- ☐ Performed concrete work in any enclosed area(s)
- ☐ Worked near concrete work in any enclosed area(s)
- ☐ Other - describe: [Click here to enter text](#)

Comments (optional): [Click here to enter text](#)

9. Where did the responder sleep during their dates of service?

- ☒ Always off-site
- ☐ Never off site
- ☐ Majority of time off-site but some on-site
- ☐ Majority on-site but some off-site

Comments (optional): [Click here to enter text](#)

10. Did the responder live, work (other than the response and recovery work noted above), or go to school in the New York City disaster area* during the 12 months after September 11, 2001?

- ☐ Yes ☒ No ☐ Don't know

*The 'New York City disaster area' means the area of Manhattan south of Houston Street; and any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site.

If yes, please provide the following information:

Example 1 - Exposure form for physical health conditions - Responder with asthma

Dates	Activity (e.g., live, school, work) - if worked, describe job tasks	Location (e.g., south of Chambers Street, Canal Street, 14 th Street, or Houston Street in Manhattan; or western Brooklyn)
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text

11. Optional - Please use this space to provide additional comments for consideration:

[Click here to enter text](#)

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Specify the WTC-related health condition(s) under consideration: Asthma
2. What were the earliest symptoms of the disorder/disease and the temporal relationship to any pertinent WTC exposures?

Mr. Doe is a 48-year old heavy equipment operator who developed shortness of breath, wheezing, and chest tightness while working at the WTC disaster site removing debris from the pile.

3. When (month/year) did these *symptoms* first begin?
4/2002

☒ Check here if the date refers to a worsening course of a pre-existing condition
If checked, specify pre-existing condition: asthma

4. Date of the diagnosis:
9/2009

5. To support the exposure-disease linkage, describe the clinical presentation of this disorder/disease, including initial presentation, response to treatment, and patterns over time. For mental health conditions, indicate whether symptoms include thought content or flashbacks directly related to the September 11, 2001 terrorist attacks.

In April 2002 while working at the WTC disaster site, he developed shortness of breath, wheezing, and chest tightness. In late August 2002, Mr. Doe was evaluated by his family physician. He complained of shortness of breath, wheezing, and chest tightness during exertion and at night. He stayed home sick for a week because of his respiratory symptoms. He denied fevers, post-nasal drip, gastroesophageal reflux, or hay fever symptoms. He did report childhood asthma during grade school but reported no symptoms during adulthood until he started working at the WTC disaster site. He has smoked since age 18. A chest x-ray showed mild hyperinflation. Spirometry showed airflow obstruction with a substantial bronchodilator response. His family physician diagnosed him with asthma in September 2009. He is currently on Advair 250/50 mcg twice daily with good control of his asthma symptoms.

6. (Optional) - To further support the exposure-disease linkage, describe any underlying susceptibility factors (e.g., family history, other co-existing diseases) that may have affected this person's response to exposures from this disaster and possibly increased their risk for the medical conditions under consideration.

His childhood asthma and cigarette smoking may have affected his response to the WTC exposures and increased his risk for chronic asthma.

Example 1 – Medical for WTC-related physical health conditions - Responder with asthma

7. Please select your response to this statement:

Exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the condition(s) under consideration.

- ☒ Agree
☐ Disagree

(Optional) - To support the exposure-disease linkage, please explain your reasoning:
[Click here to enter text](#)

8. (Optional) - Please use this space to provide any additional comments that should be considered.
[Click here to enter text](#)

Example 2 - Narrative - Responder with low back pain and radiculopathy

Mr. John Doe is a 42-year old construction worker who worked at the WTC site on the pile/pit from 11/2001 to 8/2002. He worked 5-6 days per week; his average shift was 12 hours. His time on the site was continuous other than a two week vacation in 2002 and a few days off due to low back pain. During March 2002, he reported that he was breaking concrete with a jackhammer. When he finished, he picked up the jackhammer and turned to one side and immediately felt low back pain. Mr. Doe thought he had strained his back and kept working for a few more hours. He had pulled his back a few times in the past, but it always got better with ibuprofen and a day or two of rest. He took the following two days off and took ibuprofen. His back felt better, and he went back to work at the WTC site, but he continued to have intermittent back pain after long days of twisting and lifting equipment and chunks of concrete. In April 2002, he started to have shooting pain in his left buttock and down his posterior thigh to just above his knee. It was relieved by lying flat on his back. He sought care at an urgent care clinic. The physician reported that Mr. Doe had a positive left straight leg raising test. His strength, sensation, and deep tendon reflexes were normal. He was diagnosed with musculoskeletal back pain with possible sciatica without neurologic deficits. Mr. Doe was told to take over-the-counter NSAIDs and was given a prescription for a few Vicodin tablets to take as needed. He was also instructed to avoid twisting motions and heavy lifting for a few days. He followed the instructions, and his symptoms resolved. In May 2002, he started working as a delivery driver for his brother-in-law's automotive parts shop; he still works there currently. In November 2004, he went to his family physician because he was again having shooting pain in his left leg. He reported that the leg pain was similar to what he had in 2002 but going past his knee this time; he also reported paresthesias in the posterior thigh and calf. He did not report any recent accident, trauma, or heavy lifting. His family physician reported the patient had normal motor strength, range of motion, and sensation but a positive left straight leg raising test at 30 degrees. An MRI showed a disc herniation at L4-5. Mr. Doe obtained physician therapy with good results. Since 2004, he has had intermittent low back pain and infrequent left leg pain. However in 2010, the leg pain was got much worse, and he missed a lot of work because of the pain. He heard about the WTC monitoring program and came in for evaluation in August 2010. During the monitoring exam, he had significant weakness of left toe extension and decreased sensation on top of his left foot. Deep tendon reflexes were intact. He is scheduled for an MRI and neurosurgeon consult.

Example 2 - Exposure form for physical health conditions - Responder with low back pain and radiculopathy

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Occupation just prior to September 11, 2001? Construction worker

2. Dates of response and recovery service:

Start: 11/2001

Finish: 8/2002

Comments (optional): He worked 5-6 days/week during the above time period; he took a two week vacation in 2002 and a few days off due to low back pain.

3. Average hours per day: 12 hours

4. Estimate of total time engaged in response and recovery work:

Days days

Weeks weeks

8 months

Comments (optional): [Click here to enter text](#)

5. Was the responder in lower Manhattan (south of Canal Street) at anytime on September 11, 2001?

☐ Yes ☒ No

If yes – then review below:

☐ Directly in the cloud of dust (or “blackout”) from the collapse of the WTC buildings

☐ Exposed to significant amounts of dust but not directly in the cloud of dust from the collapse of the WTC buildings

☐ Exposed to some dust but not in the cloud of dust from the collapse of the WTC buildings

☐ Not exposed to dust and not in the cloud of dust from the collapse of the WTC buildings

☐ Don’t know

Comments (optional): [Click here to enter text](#)

6. Location of work (select all that apply):

☒ On the pile/in the pit

☐ Adjacent to the pile/pit

☐ Landfill

☐ Barges/loading piers

☐ Elsewhere south of Canal Street

☐ Other location – specify: [Click here to enter text](#)

☐ Don’t know

Comments (optional): [Click here to enter text](#)

Example 2 - Exposure form for physical health conditions - Responder with low back pain and radiculopathy

7. Job/tasks performed (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Body bag work | <input type="checkbox"/> Industrial hygiene |
| <input type="checkbox"/> Bucket brigade | <input type="checkbox"/> Morgue work |
| <input type="checkbox"/> Cable installation/repair/splicing
(excluding work performed in manholes) | <input type="checkbox"/> Perimeter security |
| <input type="checkbox"/> Cable installation/repair/splicing
(including work performed in manholes) | <input type="checkbox"/> Sanitation worker |
| <input type="checkbox"/> Canteen services | <input type="checkbox"/> Search and rescue |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Sifting (excluding conveyor belt) |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Sifting (including conveyor belt) |
| <input type="checkbox"/> Dog handler | <input type="checkbox"/> Towing |
| <input type="checkbox"/> Dust suppression | <input type="checkbox"/> Truck loading/unloading |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Truck routing |
| <input type="checkbox"/> Escorting | <input type="checkbox"/> Torch cutting or burning |
| <input type="checkbox"/> Excavation/confined space work | <input checked="" type="checkbox"/> Work with concrete |
| <input type="checkbox"/> Fire fighter | <input checked="" type="checkbox"/> Other, specify: Construction worker |

Comments (optional): [Click here to enter text](#)

8. Did the responder work in any enclosed area(s) (e.g., subgrade levels like tunnels or basement, buildings) or in any area(s) not open to the general atmosphere? ☐ Yes ☒ No ☐ Don't know

If yes, select all that apply:

- ☐ Performed torch cutting or burning in any enclosed area(s)
- ☐ Worked near torch cutting or burning in any enclosed area(s)
- ☐ Performed concrete work in any enclosed area(s)
- ☐ Worked near concrete work in any enclosed area(s)
- ☐ Other - describe: [Click here to enter text](#)

Comments (optional): [Click here to enter text](#)

9. Where did the responder sleep during their dates of service?

- ☒ Always off-site
- ☐ Never off site
- ☐ Majority of time off-site but some on-site
- ☐ Majority on-site but some off-site

Comments (optional): [Click here to enter text](#)

10. Did the responder live, work (other than the response and recovery work noted above), or go to school in the New York City disaster area* during the 12 months after September 11, 2001?

- ☐ Yes ☒ No ☐ Don't know

*The 'New York City disaster area' means the area of Manhattan south of Houston Street; and any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site.

Example 2 - Exposure form for physical health conditions - Responder with low back pain and radiculopathy

If yes, please provide the following information:

Dates	Activity (e.g., live, school, work) - if worked, describe job tasks	Location (e.g., south of Chambers Street, Canal Street, 14 th Street, or Houston Street in Manhattan; or western Brooklyn)
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text

11. Optional - Please use this space to provide additional comments for consideration:

[Click here to enter text](#)

Example 2 - Medical form for WTC-related health conditions - Responder with low back pain and radiculopathy

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Specify the WTC-related health condition(s) under consideration:

Low back pain

L4-5 disc herniation with radiculopathy

2. What were the earliest symptoms of the disorder/disease and the temporal relationship to any pertinent WTC exposures?

Mr. Doe is a 42-year old construction worker who reported low back pain while working at the WTC disaster site. He reported that in March 2002, he was breaking concrete with a jackhammer. When he finished, he picked up the jack hammer and turned to one side and immediately felt low back pain.

3. When (month/year) did these *symptoms* first begin?

3/2002

☐ Check here if the date refers to a worsening course of a pre-existing condition

If checked, specify pre-existing condition: [Click here to enter text](#)

4. Date of the diagnosis:

4/2002 – low back pain with radicular symptoms

11/2004 – L4-5 disc herniation

5. To support the exposure-disease linkage, describe the clinical presentation of this disorder/disease, including initial presentation, response to treatment, and patterns over time. For mental health conditions, indicate whether symptoms include thought content or flashbacks directly related to the September 11, 2001 terrorist attacks.

Mr. Doe thought he had strained his back and kept working for a few more hours. He had pulled his back a few times in the past, but it always got better with ibuprofen and a day or two of rest. He took the following two days off and took ibuprofen. His back felt better, and he went back to work at the WTC site, but he continued to have intermittent back pain after long days of twisting and lifting equipment and chunks of concrete. In April 2002, he started to have shooting pain in his left buttock and down his posterior thigh to just above his knee. It was relieved by lying flat on his back. He sought care at an urgent care clinic. The physician reported that Mr. Doe had a positive left straight leg raising test. His strength, sensation, and deep tendon reflexes were normal. He was diagnosed with musculoskeletal back pain with possible sciatica without neurologic deficits. Mr. Doe was told to take over-the-counter NSAIDs and was given a prescription for a few Vicodin tablets to take as needed. He was also instructed to avoid twisting motions and heavy lifting for a few days. He followed the instructions, and his symptoms resolved. In May 2002, he started working as a delivery driver for his brother-in-law's automotive parts shop; he still works there currently. In November 2004, he went to his family physician because he was again having shooting pain in his left leg. He reported that the leg pain was similar to what he had in 2002 but going past his knee this time; he also reported paresthesias in the posterior thigh and calf. He did not report any recent accident, trauma, or heavy lifting. His family physician reported the patient had normal motor strength, range of motion, and

Example 2 - Medical form for WTC-related health conditions - Responder with low back pain and radiculopathy

sensation but a positive left straight leg raising test at 30 degrees. An MRI showed a disc herniation at L4-5. Mr. Doe obtained physician therapy with good results. Since 2004, he has had intermittent low back pain and infrequent left leg pain. However in 2010, the leg pain was got much worse, and he missed a lot of work because of the pain. He heard about the WTC monitoring program and came in for evaluation in August 2010. During the monitoring exam, he had significant weakness of left toe extension and decreased sensation on top of his left foot. Deep tendon reflexes were intact. He is scheduled for an MRI and neurosurgeon consult.

6. (Optional) - To further support the exposure-disease linkage, describe any underlying susceptibility factors (e.g., family history, other co-existing diseases) that may have affected this person's response to exposures from this disaster and possibly increased their risk for the medical conditions under consideration.

Blank

7. Please select your response to this statement:

Exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the condition(s) under consideration.

☒ Agree

☐ Disagree

(Optional) - To support the exposure-disease linkage, please explain your reasoning:

[Click here to enter text](#)

8. (Optional) - Please use this space to provide any additional comments that should be considered.

[Click here to enter text](#)

Example 3 - Narrative - Responder with asthma

Mr. John Doe is a 35-year old police officer who developed a nonproductive cough in September 2001 after about one week working on the pile at the WTC disaster site performing recovery and rescue operations. On average, he worked 10 hour shifts 6 days per week from 9/11/2001 to 3/18/2002. He was caught in the dust cloud on 9/11 as the WTC towers collapsed. He participated in hand digging and the bucket brigade. He started to wear an N-95 respirator consistently on the third day; he had been fit-tested. However, it often slipped out-of-place when he was maneuvering around the pile in tight places looking for survivors and bodies. Mr. Doe waited a couple months to see his family physician to be evaluated because he thought the cough would go away on its own; however, the cough persisted and was worse at night. He denied fevers, post-nasal drip, or other symptoms. He also denied childhood asthma, other lung or heart problems, gastroesophageal reflux, hay fever, or smoking. In May 2002, his family physician reported his lungs were clear to auscultation bilaterally except for an occasional expiratory wheeze on forced expiration. A chest radiograph was normal. Spirometry was also normal; however, methacholine challenge testing showed airway hyper-responsiveness consistent with asthma. In May 2002, he was diagnosed with asthma and started on albuterol with some improvement in his symptoms, but he continued to have nocturnal awakenings secondary to cough and occasional wheezing. He was started on a combination inhaler (Advair) twice per day, which resolved his nocturnal symptoms. Mr. Doe was seen in the WTC monitoring program for the first time in November 2011; he reported that his asthma symptoms are well controlled on his current medication.

I believe that Mr. Doe's exposures at the WTC disaster site were substantially likely to be a factor in aggravating, contributing, or causing his asthma.

Example 3 – Exposure form for physical health conditions - Responder with asthma

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Occupation just prior to September 11, 2001? Police officer

2. Dates of response and recovery service:

Start: 9/11/2001

Finish: 3/18/2002

Comments (optional): His service was continuous across these dates; he worked 6 days/week.

3. Average hours per day: 10 hours

4. Estimate of total time engaged in response and recovery work:

Days days

Weeks weeks

6 months

Comments (optional): [Click here to enter text](#)

5. Was the responder in lower Manhattan (south of Canal Street) at anytime on September 11, 2001?

☒ Yes ☐ No

If yes – then review below:

☒ Directly in the cloud of dust (or “blackout”) from the collapse of the WTC buildings

☐ Exposed to significant amounts of dust but not directly in the cloud of dust from the collapse of the WTC buildings

☐ Exposed to some dust but not in the cloud of dust from the collapse of the WTC buildings

☐ Not exposed to dust and not in the cloud of dust from the collapse of the WTC buildings

☐ Don’t know

Comments (optional): [Click here to enter text](#)

6. Location of work (select all that apply):

☒ On the pile/in the pit

☐ Adjacent to the pile/pit

☐ Landfill

☐ Barges/loading piers

☐ Elsewhere south of Canal Street

☐ Other location – specify: [Click here to enter text](#)

☐ Don’t know

Comments (optional): [Click here to enter text](#)

Example 3 – Exposure form for physical health conditions - Responder with asthma

7. Job/tasks performed (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Body bag work | <input type="checkbox"/> Industrial hygiene |
| <input checked="" type="checkbox"/> Bucket brigade | <input type="checkbox"/> Morgue work |
| <input type="checkbox"/> Cable installation/repair/splicing
(excluding work performed in manholes) | <input type="checkbox"/> Perimeter security |
| <input type="checkbox"/> Cable installation/repair/splicing
(including work performed in manholes) | <input type="checkbox"/> Sanitation worker |
| <input type="checkbox"/> Canteen services | <input checked="" type="checkbox"/> Search and rescue |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Sifting (excluding conveyor belt) |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Sifting (including conveyor belt) |
| <input type="checkbox"/> Dog handler | <input type="checkbox"/> Towing |
| <input type="checkbox"/> Dust suppression | <input type="checkbox"/> Truck loading/unloading |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Truck routing |
| <input type="checkbox"/> Escorting | <input type="checkbox"/> Torch cutting or burning |
| <input type="checkbox"/> Excavation/confined space work | <input type="checkbox"/> Work with concrete |
| <input type="checkbox"/> Fire fighter | <input checked="" type="checkbox"/> Other, specify: Hand digging |

Comments (optional): He started to wear an N-95 respirator consistently on the third day; he had been fit-tested. However, it often slipped out-of-place when he was maneuvering around the pile in tight places looking for survivors and bodies.

8. Did the responder work in any enclosed area(s) (e.g., subgrade levels like tunnels or basement, buildings) or in any area(s) not open to the general atmosphere? ☐ Yes ☒ No ☐ Don't know

If yes, select all that apply:

- ☐ Performed torch cutting or burning in any enclosed area(s)
- ☐ Worked near torch cutting or burning in any enclosed area(s)
- ☐ Performed concrete work in any enclosed area(s)
- ☐ Worked near concrete work in any enclosed area(s)
- ☐ Other - describe: [Click here to enter text](#)

Comments (optional): [Click here to enter text](#)

9. Where did the responder sleep during their dates of service?

- ☒ Always off-site
- ☐ Never off site
- ☐ Majority of time off-site but some on-site
- ☐ Majority on-site but some off-site

Comments (optional): [Click here to enter text](#)

10. Did the responder live, work (other than the response and recovery work noted above), or go to school in the New York City disaster area* during the 12 months after September 11, 2001?

- ☐ Yes ☒ No ☐ Don't know

*The 'New York City disaster area' means the area of Manhattan south of Houston Street; and any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site.

Example 3 – Exposure form for physical health conditions - Responder with asthma

If yes, please provide the following information:

Dates	Activity (e.g., live, school, work) - if worked, describe job tasks	Location (e.g., south of Chambers Street, Canal Street, 14 th Street, or Houston Street in Manhattan; or western Brooklyn)
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text

11. Optional - Please use this space to provide additional comments for consideration:

[Click here to enter text](#)

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Specify the WTC-related health condition(s) under consideration: Asthma
2. What were the earliest symptoms of the disorder/disease and the temporal relationship to any pertinent WTC exposures?
Mr. Doe is a 35-year old police officer who developed nonproductive cough after about one week working on the pile at the WTC disaster site performing recovery and rescue operations. He had been caught in the dust cloud on 9/11 after the collapse the WTC towers.

3. When (month/year) did these *symptoms* first begin?
9/2001

☐ Check here if the date refers to a worsening course of a pre-existing condition
If checked, specify pre-existing condition: [Click here to enter text](#)

4. Date of the diagnosis:
5/2002

5. To support the exposure-disease linkage, describe the clinical presentation of this disorder/disease, including initial presentation, response to treatment, and patterns over time. For mental health conditions, indicate whether symptoms include thought content or flashbacks directly related to the September 11, 2001 terrorist attacks.

Mr. Doe waited a couple months to see his family physician to be evaluated because he thought the cough would go away on its own; however, the cough persisted and was worse at night. He denied fevers, post-nasal drip, or other symptoms. He also denied childhood asthma, other lung or heart problems, gastroesophageal reflux, hay fever, or smoking. In May 2002, his family physician reported his lungs were clear to auscultation bilaterally except for an occasional expiratory wheeze on forced expiration. A chest radiograph was normal. Spirometry was also normal; however, methacholine challenge testing showed airway hyper-responsiveness consistent with asthma. In May 2002, he was diagnosed with asthma and started on albuterol with some improvement in his symptoms, but he continued to have nocturnal awakenings secondary to cough and occasional wheezing. He was started on a combination inhaler (Advair) twice per day, which resolved his nocturnal symptoms. Mr. Doe was seen in the WTC monitoring program for the first time in November 2011; he reported that his asthma symptoms are well controlled on his current medication.

6. (Optional) - To further support the exposure-disease linkage, describe any underlying susceptibility factors (e.g., family history, other co-existing diseases) that may have affected this person's response to exposures from this disaster and possibly increased their risk for the medical conditions under consideration.

[Click here to enter text](#)

7. Please select your response to this statement:

Exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the condition(s) under consideration.

- ☒ Agree
☐ Disagree

(Optional) - To support the exposure-disease linkage, please explain your reasoning:
[Click here to enter text](#)

8. (Optional) - Please use this space to provide any additional comments that should be considered.
[Click here to enter text](#)

Example 4 – Narrative - Survivor with chronic rhinosinusitis

Mr. John Doe is a 58-year old maintenance worker who was working at an office building a few blocks from the WTC disaster site on September 11, 2001. He witnessed both WTC towers collapse from his office. The windows at his workplace and his apartment broke after the 9/11 terrorist attack, and both places were covered in dust. He and his family left their apartment, located south of Canal Street, on 9/11/2001 and stayed with friends for one week. When they returned, his wife and son cleaned their apartment; they used a broom and HEPA vacuum and wet-wiped hard surfaces. Mr. Doe returned to the office building to assist with the cleaning which took about two weeks. He wore gloves and sometimes a paper mask. His tasks included sweeping with a broom, using a HEPA vacuum, mopping the floors, and washing the walls and inside windows. He reported that it got very dusty in the building during the clean-up process. After only a few days of cleaning, he developed nasal and sinus congestion, facial pain, and post-nasal drip. He is a nonsmoker and has a history of allergic rhinitis since childhood. He took over-the-counter decongestants and ibuprofen for a few weeks, but he started to have increased facial pain and pressure as well as a yellow nasal discharge. In October 2001, he saw his family physician and was diagnosed with acute sinusitis and treated for two weeks with amoxicillin. After finishing the antibiotics, he remained symptom free for a few months. In April 2002, he again started to experience nasal and sinus congestion and had difficulty breathing through his nose. He also had pain around his nose and a reduced sense of taste and smell. He took over-the-counter antihistamines and decongestants along with ibuprofen. This provided some relief. In February 2003, he was concerned about the chronicity of his symptoms, and he went to an ENT doctor who sent him for a CT of the sinuses. The CT showed chronic sinusitis. The ENT doctor diagnosed Mr. Doe with chronic rhinosinusitis and treated him with a five day course of prednisone and three weeks of Augmentin. Mr. Doe did well, and he was started on maintenance therapy of Nasonex nasal spray, saline irrigation, and Claritin. He is doing well on this regimen.

I believe that Mr. Doe's exposure to WTC dust was substantially likely to be a factor in aggravating, contributing to, or causing his chronic rhinosinusitis. His history of allergic rhinitis may have affected his response to exposures from this disaster and increased his risk for chronic rhinosinusitis.

Example 4 – Exposure form for physical health conditions - Survivor with chronic rhinosinusitis



Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. On September 11, 2001 after the terrorist attack was the survivor in the New York City disaster area*? ☒ Yes ☐ No ☐ Don't know

If yes, check all that apply:

- ☐ Worker in one of the WTC towers
- ☒ Worker in surrounding offices, stores, restaurants, or other workplace
- ☐ Patron of surrounding stores, offices, or restaurants
- ☐ Student or staff at school or preschool
- ☐ Adult in daycare or staff at a daycare center
- ☐ In transit; describe: [Click here to enter text](#)
- ☐ At place of residence
- ☐ Other location: Specify: [Click here to enter location](#)

Comments (optional): He was working at an office building a few blocks away from the WTC disaster site; he witnessed the WTC towers collapse from his workplace.

2. Was the survivor exposed to a significant amount of dust on September 11, 2001? ☒ Yes ☐ No ☐ Don't know

If yes – then review below (select all that apply):

- ☐ Caught in WTC debris before the WTC towers collapsed
- ☐ Directly in the cloud of dust when the WTC towers collapsed
- ☒ Not directly in the cloud of dust but was exposed to significant amounts of dust - If checked, describe: The windows at his workplace broke after the 9/11 terrorist attack, and the interior of the building was covered in dust.

Comments (optional): [Click here to enter text](#)

3. Did the survivor work or go to school in the New York City disaster area* on September 11, 2001? ☒ Yes – describe: Maintenance worker at an office building a few blocks from the WTC disaster site ☐ No ☐ Don't know

If yes, check all that apply:

- ☒ Evacuated or left work or school
Date evacuated or left: 9/11/2001
Date returned: 9/18/2001

Comments (optional): [Click here to enter text](#)

Example 4 – Exposure form for physical health conditions - Survivor with chronic rhinosinusitis

- ☒ Damage to workplace or school immediately after the 9/11 terrorist attack (e.g., broken windows, broken building pieces present, interior wall damage, furnishings damaged)

Comments (optional): The windows broke and dust entered the building.

- ☒ Workplace or school covered in dust after the collapse of the WTC towers on September 11, 2001

If checked: Did the survivor helped clean the workplace or school of the dust, or was the survivor present during the cleaning?

☒ Yes ☐ No ☐ Don't know

If yes – then review:

Broom used during the cleaning

☒ Yes ☐ No ☐ Don't know

Compressed air used during the cleaning

☐ Yes ☒ No ☐ Don't know

Hard surfaces wet wiped (mop or damp cloth)

☒ Yes ☐ No ☐ Don't know

Vacuum used during the cleaning

☒ Yes ☐ No ☐ Don't know

If yes, did the vacuum have a HEPA filter?

☒ Yes ☐ No ☐ Don't know

Carpet replaced during the cleaning

☐ Yes ☒ No ☐ Don't know

Did the survivor wear personal protective equipment (e.g., gloves, goggles, respirator) during the cleaning?

☒ Yes ☐ No ☐ Don't know

If yes, describe: glove and sometimes a paper mask

Comments (optional): His tasks included sweeping with a broom, using a HEPA vacuum, mopping the floors, and washing the walls and inside windows. He reported that it got very dusty in the building during the week clean-up process.

4. Did the survivor live in the New York City disaster area* on September 11, 2001?

☒ Yes ☐ No ☐ Don't know

If yes, select all that apply:

- ☒ Evacuated or left place of residence

Date evacuated or left: 9/11/2001

Date returned: 9/18/2001

Comments (optional): [Click here to enter text](#)

Example 4 – Exposure form for physical health conditions - Survivor with chronic rhinosinusitis

- ☒ Damage to place of residence immediately after the 9/11 terrorist attack (e.g., broken windows, broken building pieces present, interior wall damage, furnishings damaged)

Comments (optional): Broken windows

- ☒ Place of residence covered in dust after the collapse of the WTC towers

If checked, select all that apply:

- ☐ Residence professionally cleaned
- ☒ Residence cleaned by nonprofessional cleaners (e.g., residents, family members)
- ☐ Survivor helped clean the residence of dust or was present during the cleaning - If checked – then review

Broom used during the cleaning

- ☐ Yes ☐ No ☐ Don't know

Compressed air used during the cleaning

- ☐ Yes ☐ No ☐ Don't know

Hard surfaces wet wiped (mop or damp cloth)

- ☐ Yes ☐ No ☐ Don't know

Vacuum used during the cleaning

- ☐ Yes ☐ No ☐ Don't know

If yes, did the vacuum have a HEPA filter?

- ☐ Yes ☐ No ☐ Don't know

Carpet replaced during the cleaning

- ☐ Yes ☐ No ☐ Don't know

Did the survivor wear personal protective equipment (e.g., gloves, goggles, respirator) during the cleaning? ☐ Yes ☐ No ☐ Don't know

If yes, describe: [Click here to enter text](#)

Comments (optional): His wife and son cleaned the home; Mr. Doe went back to his workplace to assist with cleaning there.

5. Did the survivor live, work, or go to school in the New York City disaster area* during the 12 months after September 11, 2001? ☒ Yes ☐ No ☐ Don't know

If yes, please provide the following information:

Dates	Activity (e.g., live, school, work) - if worked, describe job tasks	Location (e.g., south of Chambers Street, Canal Street, 14 th Street, or Houston Street in Manhattan; or western Brooklyn)
September 2001 to present – same job had prior to 9/11.	Maintenance worker	Maintain HVAC system and make repairs at the office building

Example 4 – Exposure form for physical health conditions - Survivor with chronic rhinosinusitis

September 2001 to present – same apartment had prior to 9/11.	Live	South of Canal Street
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text

6. Optional - Please use this space to provide additional comments for consideration.

[Click here to enter text](#)

*The 'New York City disaster area' means the area of Manhattan south of Houston Street; and any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site.

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Specify the WTC-related health condition(s) under consideration: Chronic rhinosinusitis
2. What were the earliest symptoms of the disorder/disease and the temporal relationship to any pertinent WTC exposures?
 Mr. Doe is a 58-year old maintenance worker. On September 11, 2001, he was working at an office building a few blocks from the WTC disaster site. After the collapse of the WTC towers, his workplace and apartment were covered in dust. He and his family left the area for a week. When they returned, he assisted with the clean-up at his workplace. After a few days of cleaning, he developed nasal and sinus congestion, facial pain, and post-nasal drip.
3. When (month/year) did these *symptoms* first begin?
 9/2001

☐ Check here if the date refers to a worsening course of a pre-existing condition
 If checked, specify pre-existing condition: [Click here to enter text](#)
4. Date of the diagnosis:
 2/2003
5. To support the exposure-disease linkage, describe the clinical presentation of this disorder/disease, including initial presentation, response to treatment, and patterns over time. For mental health conditions, indicate whether symptoms include thought content or flashbacks directly related to the September 11, 2001 terrorist attacks.

Mr. Doe is a nonsmoker and has a history of allergic rhinitis since childhood. He took over-the-counter decongestants and ibuprofen for a few weeks when the symptoms started in September 2001, but he started to have increased facial pain and pressure as well as a yellow nasal discharge. In October 2001, he saw his family physician and was diagnosed with acute sinusitis and treated for two weeks with amoxicillin. After finishing the antibiotics, he remained symptom free for a few months. In April 2002, he again started to experience nasal and sinus congestion and had difficulty breathing through his nose. He also had pain around his nose and a reduced sense of taste and smell. He took over-the-counter antihistamines and decongestants along with ibuprofen. This provided some relief. In February 2003, he was concerned about the chronicity of his symptoms, and he went to an ENT doctor who sent him for a CT of the sinuses. The CT showed chronic sinusitis. The ENT doctor diagnosed Mr. Doe with chronic rhinosinusitis and treated him with a five day course of prednisone and three weeks of Augmentin. Mr. Doe did well, and he was started on maintenance therapy of Nasonex nasal spray, saline irrigation, and Claritin. He is doing well on this regimen.
6. (Optional) - To further support the exposure-disease linkage, describe any underlying susceptibility factors (e.g., family history, other co-existing diseases) that may have affected this person's response to exposures from this disaster and possibly increased their risk for the medical conditions under consideration.

His history of allergic rhinitis may have affected his response to exposures from this disaster and increased his risk for chronic rhinosinusitis.

Example 4 – Medical form for WTC-related health conditions - Survivor with chronic rhinosinusitis

7. Please select your response to this statement:

Exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the condition(s) under consideration.

- ☒ Agree
☐ Disagree

(Optional) - To support the exposure-disease linkage, please explain your reasoning:

[Click here to enter text](#)

8. (Optional) - Please use this space to provide any additional comments that should be considered.

[Click here to enter text](#)

Example 5 – Narrative - Responder with GERD, PTSD, and depression

Mr. John Doe is a 46-year old firefighter who arrived at the WTC disaster site about 10 minutes after the first plane hit the North tower. He worked 12-hour shifts six days a week from 9/11/2001 to 1/20/2002. He assisted with recovery and rescue operations, hand digging, bucket brigade, and firefighting. He intermittently wore various respirators (SCBA, half-mask respirator with organic vapor cartridges/particulate cartridges, and N-95); all had been fit-tested.

Mr. Doe witnessed the second plane hit the tower, people jumping from the WTC towers, and their collapse. When the North tower collapsed, he was caught in the dust cloud and knocked down; his respirator was knocked off. On the first day, he worked for hours extricating an injured police officer in one of the collapsed towers. Mr. Doe knew many fire fighters and police officers who were killed on 9/11. In the days following 9/11, he suffered fear, helplessness, and horror while searching for other survivors and retrieving bodies and body parts. Since 9/11, he has had recurrent dreams of people jumping off the WTC towers and people running for their lives as the towers collapsed. He wakes up and feels very distressed and worried. He turns the TV off when stories about 9/11 come on and avoids going to lower Manhattan. He transferred to a different fire house so he does not have to take calls in that area. He reports feeling detached and the loss of energy and drive to do things. He is no longer interested in running, hiking, fishing, or watching NASCAR racing; all activities he used to love to do. He has recurrent thoughts about death but has no active suicide ideation. He has no history of alcohol or substance abuse, depression, or PTSD prior to 9/11. His mother suffered from depression and committed suicide at age 49. In November 2011, he separated from his wife of 15 years. At that time, he decided to seek treatment. He was evaluated by a psychiatrist in the WTC monitoring program. In December 2011, the psychiatrist diagnosed Mr. Doe with PTSD and depression. The psychiatrist reported that the exposures at the WTC disaster site were substantially likely to be a factor in causing Mr. Doe's PTSD and depression. He is currently participating in individual cognitive behavioral therapy and taking fluoxetine.

Mr. Doe reported that he swallowed and breathed in a lot of dust when he was caught in the dust cloud on 9/11. He experienced nausea and vomiting shortly thereafter. He also had some shortness of breath and cough which resolved the following day. In October 2011, he started to experience heartburn and regurgitation. He described the heartburn as a burning sensation in the center of his chest, which sometimes spreads to his throat. He had not experienced these symptoms prior to 9/11. He has smoked cigarettes, approximately a pack a day, since he was 18-years old. He took over-the-counter antacids (Tums and then Maalox) with minimal relief. In April 2002, he was evaluated by a fire department physician and diagnosed with GERD. His symptoms did not resolve with lifestyle modifications including elevation of the head of his bed and avoidance of alcohol and certain foods (e.g., fatty foods, peppermint, and chocolate). He currently is trying to stop smoking and decrease his caffeine intake; however, this is difficult with his varying work schedule. He was treated with famotidine (40 mg BID) with minimal improvement in his symptoms. Later, he was switched to omeprazole (40 mg/day) with significant improvement. Recently, his omeprazole was decreased to 20 mg/day; however, his symptoms started to return within a month. The omeprazole was increased back to 40 mg/day with good control of his symptoms.

I believe that Mr. Doe's exposures at the WTC disaster site were substantially likely to be a factor in aggravating, contributing, or causing his GERD, PTSD, and depression. Additionally, he has underlying susceptibility factors; cigarette smoking and a family history of depression and suicide may have affected his response to exposures from this disaster and increased his risk for GERD and PTSD/depression, respectively.

Example 5 - Exposure form for psychological conditions - Responder with GERD, PTSD, and depression



Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. For a Responder: estimate of total time engaged in response and recovery work:

Days days # Weeks weeks 4 months ☐ N/A (survivor)

2. For a Responder: select the bullets corresponding to locations of work:

- ☒ On the pile/in the pit
- ☐ Adjacent to the pile/pit
- ☐ Landfill
- ☐ Barges/loading piers
- ☐ Elsewhere south of Canal Street
- ☐ Other location – specify: [Click here to enter text](#)
- ☐ Don't know
- ☐ N/A (survivor)

Comments (optional): [Click here to enter text](#)

3. For a Responder: what types of job tasks were performed (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Body bag work | <input type="checkbox"/> Industrial hygiene |
| <input checked="" type="checkbox"/> Bucket brigade | <input type="checkbox"/> Morgue work |
| <input type="checkbox"/> Cable installation/repair/splicing
(excluding work performed in manholes) | <input type="checkbox"/> Perimeter security |
| <input type="checkbox"/> Cable installation/repair/splicing
(including work performed in manholes) | <input type="checkbox"/> Sanitation worker |
| <input type="checkbox"/> Canteen services | <input checked="" type="checkbox"/> Search and rescue |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Sifting (excluding conveyor belt) |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Sifting (including conveyor belt) |
| <input type="checkbox"/> Dog handler | <input type="checkbox"/> Towing |
| <input type="checkbox"/> Dust suppression | <input type="checkbox"/> Truck loading/unloading |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Truck routing |
| <input type="checkbox"/> Escorting | <input type="checkbox"/> Torch cutting or burning |
| <input type="checkbox"/> Excavation/confined space work | <input type="checkbox"/> Work with concrete |
| <input checked="" type="checkbox"/> Fire fighter | <input checked="" type="checkbox"/> Other, specify: Hand digging |
| | <input type="checkbox"/> N/A (survivor) |

Comments (optional): He wore various respirators (SCBA, half-mask respirator with organic vapor cartridges/particulate cartridges, and N-95) intermittently; all had been fit-tested. On 9/11, he worked for hours extricating an injured police officer in one of the collapsed towers.

4. Did member need to relocate their home (temporary) as a result of these events?

- ☐ Yes, describe how long: [Click here to enter text](#)
- ☐ No
- ☒ N/A

Example 5 - Exposure form for psychological conditions - Responder with GERD, PTSD, and depression

Comments (optional): He did not live in the NYC disaster area.

5. Was the member's home damaged as a result of these events?

- ☐ Yes, describe: [Click here to enter text](#)
- ☐ No
- ☒ N/A

6. Did the member need to change their place of work or occupation as a result of these events?

- ☒ Yes, describe: He transferred to another fire house to avoid calls in lower Manhattan.
- ☐ No
- ☐ N/A

If yes:

Was the member able to find work at an equivalent rate of pay or position status?

- ☒ Yes
- ☐ No, explain the outcome [Click here to enter text:](#)

7. Please check the appropriate bullets below to indicate pertinent exposures:

- ☒ Direct witnessing of horror (e.g., people jumping from skyscraper, mutilated bodies)
- ☒ Direct recovery of body parts. If checked – then review below
 - ☒ Had prior training and experience for this task
 - ☐ No prior training or experience for this task
- ☐ Serious injury to self
- ☒ Experience threat to own life (e.g., caught in dust cloud during collapse)

Describe: When the North tower collapsed, he was caught in the dust cloud and knocked down; his respirator was knocked off. On 9/11, he worked for hours extricating an injured police officer in one of the collapsed towers.

- ☒ Loss of loved ones or co-workers from the event
- ☐ Change in abilities due to difficulties associated with a co-morbid WTC-related medical condition or injury – if checked, please explain:
[Click here to enter text](#)
- ☐ Loss of reasonable employment due to circumstances initiated by the event – if checked, please explain:
[Click here to enter text](#)

8. Optional - Please provide any additional exposure-related comments that should be considered.

[Click here to enter text](#)

Example 5 - Exposure form for physical health conditions - Responder with GERD, PTSD, and depression

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Occupation just prior to September 11, 2001? Fire Fighter

2. Dates of response and recovery service:

Start: 9/11/2001

Finish: 1/20/2002

Comments (optional): His service was continuous across these dates; he worked 6 days per week.

3. Average hours per day: 12 hours

4. Estimate of total time engaged in response and recovery work:

Days days

Weeks weeks

4 months

Comments (optional): [Click here to enter text](#)

5. Was the responder in lower Manhattan (south of Canal Street) at anytime on September 11, 2001?

☒ Yes ☐ No

If yes – then review below:

☒ Directly in the cloud of dust (or “blackout”) from the collapse of the WTC buildings

☐ Exposed to significant amounts of dust but not directly in the cloud of dust from the collapse of the WTC buildings

☐ Exposed to some dust but not in the cloud of dust from the collapse of the WTC buildings

☐ Not exposed to dust and not in the cloud of dust from the collapse of the WTC buildings

☐ Don’t know

Comments (optional): When the North tower collapsed, he was caught in the dust cloud and knocked down; his respirator was knocked off.

6. Location of work (select all that apply):

☒ On the pile/in the pit

☐ Adjacent to the pile/pit

☐ Landfill

☐ Barges/loading piers

☐ Elsewhere south of Canal Street

☐ Other location – specify: [Click here to enter text](#)

☐ Don’t know

Comments (optional): [Click here to enter text](#)

Example 5 - Exposure form for physical health conditions - Responder with GERD, PTSD, and depression

7. Job/tasks performed (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Body bag work | <input type="checkbox"/> Industrial hygiene |
| <input checked="" type="checkbox"/> Bucket brigade | <input type="checkbox"/> Morgue work |
| <input type="checkbox"/> Cable installation/repair/splicing
(excluding work performed in manholes) | <input type="checkbox"/> Perimeter security |
| <input type="checkbox"/> Cable installation/repair/splicing
(including work performed in manholes) | <input type="checkbox"/> Sanitation worker |
| <input type="checkbox"/> Canteen services | <input checked="" type="checkbox"/> Search and rescue |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Sifting (excluding conveyor belt) |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Sifting (including conveyor belt) |
| <input type="checkbox"/> Dog handler | <input type="checkbox"/> Towing |
| <input type="checkbox"/> Dust suppression | <input type="checkbox"/> Truck loading/unloading |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Truck routing |
| <input type="checkbox"/> Escorting | <input type="checkbox"/> Torch cutting or burning |
| <input type="checkbox"/> Excavation/confined space work | <input type="checkbox"/> Work with concrete |
| <input checked="" type="checkbox"/> Fire fighter | <input checked="" type="checkbox"/> Other, specify: Hand digging |

Comments (optional): He wore various respirators (SCBA, half-mask respirator with organic vapor cartridges/particulate cartridges, and N-95) intermittently; all had been fit-tested. On 9/11, he worked for hours extricating an injured police officer in one of the collapsed towers.

8. Did the responder work in any enclosed area(s) (e.g., subgrade levels like tunnels or basement, buildings) or in any area(s) not open to the general atmosphere? ☐ Yes ☒ No ☐ Don't know

If yes, select all that apply:

- ☐ Performed torch cutting or burning in any enclosed area(s)
- ☐ Worked near torch cutting or burning in any enclosed area(s)
- ☐ Performed concrete work in any enclosed area(s)
- ☐ Worked near concrete work in any enclosed area(s)
- ☐ Other - describe: [Click here to enter text](#)

Comments (optional): [Click here to enter text](#)

9. Where did the responder sleep during their dates of service?

- ☒ Always off-site
- ☐ Never off site
- ☐ Majority of time off-site but some on-site
- ☐ Majority on-site but some off-site

Comments (optional): [Click here to enter text](#)

10. Did the responder live, work (other than the rescue and recover work noted above), or go to school the New York City disaster area* during the 12 months after September 11, 2001?

- ☐ Yes ☒ No ☐ Don't know

Example 5 - Exposure form for physical health conditions - Responder with GERD, PTSD, and depression

*The 'New York City disaster area' means the area of Manhattan south of Houston Street; and any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site.

If yes, please provide the following information:

Dates	Activity (e.g., live, school, work) - if worked, describe job tasks	Location (e.g., south of Chambers Street, Canal Street, 14 th Street, or Houston Street in Manhattan; or western Brooklyn)
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text

11. Optional - Please use this space to provide additional comments for consideration:

[Click here to enter text](#)

Example 5 - Medical form for WTC-related health conditions - Responder with GERD, PTSD, and depression



Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Specify the WTC-related health condition(s) under consideration: GERD, PTSD, and Depression

2. What were the earliest symptoms of the disorder/disease and the temporal relationship to any pertinent WTC exposures?

Mr. Doe is a 46 year-old a firefighter who arrived at the WTC disaster site about 10 minutes after the first plane hit the North tower. He assisted with recovery and rescue operations, hand digging, bucket brigade, and firefighting. He was caught in the dust cloud and knocked down; his respirator was knocked off. He reported swallowing and breathing in a lot of the dust. He experienced nausea and vomiting shortly thereafter. In the days following 9/11, he suffered fear, helplessness, and horror while searching for survivors and retrieving bodies and body parts.

3. When (month/year) did these *symptoms* first begin?
9/2001

☐ Check here if the date refers to a worsening course of a pre-existing condition
If checked, specify pre-existing condition: [Click here to enter text](#)

4. Date of the diagnosis:
4/2002 – GERD

12/2011 – PTSD and depression

5. To support the exposure-disease linkage, describe the clinical presentation of this disorder/disease, including initial presentation, response to treatment, and patterns over time. For mental health conditions, indicate whether symptoms include thought content or flashbacks directly related to the September 11, 2001 terrorist attacks.

GERD

In October 2011, he started to experience heartburn and regurgitation. He described the heartburn as a burning sensation in the center of his chest, which sometimes spreads to his throat. He had not experienced these symptoms prior to 9/11. He has smoked cigarettes, approximately a pack a day, since he was 18-years old. He took over-the-counter antacids (Tums and then Maalox) with minimal relief. In April 2002, he was evaluated by a fire department physician and diagnosed with GERD. His symptoms did not resolve with lifestyle modifications including elevation of the head of his bed and avoidance of alcohol and certain foods (e.g., fatty foods, peppermint, and chocolate). He currently is trying to stop smoking and decrease his caffeine intake; however, this is difficult with his varying work schedule. He was treated with famotidine (40 mg BID) with minimal improvement in his symptoms. Later, he was switched to omeprazole (40 mg/day) with significant improvement. Recently, his omeprazole was decreased to 20 mg/day; however, his symptoms started to return within a month. The omeprazole was increased back to 40 mg/day with good control of his symptoms.

PTSD and Depression

Mr. Doe witnessed the second plane hit the tower, people jumping from the WTC towers, and their collapse. On the first day, he worked for hours extricating an injured police officer in one of the collapsed towers. Mr. Doe knew many fire fighters and police officers who were killed on 9/11. In the days following 9/11, he suffered fear, helplessness, and horror while searching for

Example 5 - Medical form for WTC-related health conditions - Responder with GERD, PTSD, and depression

other survivors and retrieving bodies and body parts. Since 9/11, he has had recurrent dreams of people jumping off the WTC towers and people running for their lives as the towers collapsed. He wakes up and feels very distressed and worried. He turns the TV off when stories about 9/11 come on and avoids going to lower Manhattan. He transferred to a different fire house so he does not have to take calls in that area. He reports feeling detached and the loss of energy and drive to do things. He is no longer interested in running, hiking, fishing, or watching NASCAR racing; all activities he used to love to do. He has recurrent thoughts about death but has no active suicide ideation. He has no history of alcohol or substance abuse, depression, or PTSD prior to 9/11. His mother suffered from depression and committed suicide at age 49. In November 2011, he separated from his wife of 15 years. At that time, he decided to seek treatment. He was evaluated by a psychiatrist in the WTC monitoring program. In December 2011, the psychiatrist diagnosed Mr. Doe with PTSD and depression. The psychiatrist reported that the exposures at the WTC disaster site were substantially likely to be a factor in causing Mr. Doe's PTSD and depression. Mr. Doe is currently participating in individual cognitive behavioral therapy and taking fluoxetine.

6. (Optional) - To further support the exposure-disease linkage, describe any underlying susceptibility factors (e.g., family history, other co-existing diseases) that may have affected this person's response to exposures from this disaster and possibly increased their risk for the medical conditions under consideration.

Cigarette smoking and a family history of depression and suicide may have affected his response to exposures from this disaster and increased his risk for GERD and PTSD/depression, respectively.

7. Please select your response to this statement:

Exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the condition(s) under consideration.

- ☒ Agree
☐ Disagree

(Optional) - To support the exposure-disease linkage, please explain your reasoning:

I believe that Mr. Doe's exposures at the WTC disaster site were substantially likely to be a factor in aggravating, contributing, or causing his GERD, PTSD, and depression.

8. (Optional) - Please use this space to provide any additional comments that should be considered.

[Click here to enter text](#)

Example 6 - Narrative - Responder with chronic back pain and lumbar disc bulge

Mr. John Doe, a 48-year old male, worked as paramedic at the WTC disaster site from 9/11/2001 to 11/30/2001, generally 6-7 days a week, 10 hours per day. He was involved in search and rescue operations which included maneuvering through dust and debris, entering confined spaces on unstable rubble, and participating in the bucket brigade. Mr. Doe recalls his back pain originating in October 2001 as he bent over to manipulate a wedged piece of concrete while in an awkward position. He recalls experiencing spasms of his lower back, with pain and mild tingling sensation into his left leg. He took a break from duty for a few hours, but was again able to work that day. He had no prior history of chronic low back pain or radicular symptomatology, but admits to prior back strains over the course of his career prior to 9/11. Following the initial incident above, Mr. Doe continued to experience mild low back pain, which was exacerbated by heavy lifting or bending from the waist, and which was occasionally accompanied by shooting pain into his left leg. He felt the pain however was infrequent enough to be manageable, and he did not seek medical care for back pain. In May 2002, on routine appointment with his personal physician, he described his periodic low back pain, and this physician referred Mr. Doe to physical therapy, which provided some improvement. An MRI revealed a bulging disc of the L4/L5 intervertebral space, which was felt to be consistent with the pattern of his occasional radicular symptoms. He elected to continue with physical and medical therapy, and has had occasional similar symptomatology with certain strenuous activities since then, requiring periodic visits to physical therapy and use of NSAIDs as needed.

I strongly suspect that the original incident of slipping while conducting recovery work was likely to have led to the mild injury to his L4/L5 disc, which continues to cause him occasional pain. He will need continued occasional referrals to physical therapy and continued use of prescription NSAIDs on a periodic basis, thus necessitating certification of his low back pain condition as being WTC-related.

Example 6 - Exposure form for physical health conditions - Responder with chronic back pain and lumbar disc bulge

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Occupation just prior to September 11, 2001? Paramedic

2. Dates of response and recovery service:

Start: 9/11/2001

Finish: 11/30/2001

Comments (optional): His service was continuous across these dates; he worked 6-7 days per week.

3. Average hours per day: 10 hours

4. Estimate of total time engaged in response and recovery work:

Days days

Weeks weeks

2.5 months

Comments (optional): [Click here to enter text](#)

5. Was the responder in lower Manhattan (south of Canal Street) at anytime on September 11, 2001?

☒ Yes ☐ No

If yes – then review below:

☐ Directly in the cloud of dust (or “blackout”) from the collapse of the WTC buildings

☒ Exposed to significant amounts of dust but not directly in the cloud of dust from the collapse of the WTC buildings

☐ Exposed to some dust but not in the cloud of dust from the collapse of the WTC buildings

☐ Not exposed to dust and not in the cloud of dust from the collapse of the WTC buildings

☐ Don’t know

Comments (optional): [Click here to enter text](#)

6. Location of work (select all that apply):

☒ On the pile/in the pit

☐ Adjacent to the pile/pit

☐ Landfill

☐ Barges/loading piers

☐ Elsewhere south of Canal Street

☐ Other location – specify: [Click here to enter text](#)

☐ Don’t know

Comments (optional): [Click here to enter text](#)

Example 6 - Exposure form for physical health conditions - Responder with chronic back pain and lumbar disc bulge

7. Job/tasks performed (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Body bag work | <input type="checkbox"/> Industrial hygiene |
| <input checked="" type="checkbox"/> Bucket brigade | <input type="checkbox"/> Morgue work |
| <input type="checkbox"/> Cable installation/repair/splicing
(excluding work performed in manholes) | <input type="checkbox"/> Perimeter security |
| <input type="checkbox"/> Cable installation/repair/splicing
(including work performed in manholes) | <input type="checkbox"/> Sanitation worker |
| <input type="checkbox"/> Canteen services | <input checked="" type="checkbox"/> Search and rescue |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Sifting (excluding conveyor belt) |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Sifting (including conveyor belt) |
| <input type="checkbox"/> Dog handler | <input type="checkbox"/> Towing |
| <input type="checkbox"/> Dust suppression | <input type="checkbox"/> Truck loading/unloading |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Truck routing |
| <input type="checkbox"/> Escorting | <input type="checkbox"/> Torch cutting or burning |
| <input type="checkbox"/> Excavation/confined space work | <input type="checkbox"/> Work with concrete |
| <input type="checkbox"/> Fire fighter | <input checked="" type="checkbox"/> Other, specify: Hand digging |

Comments (optional): [Click here to enter text](#)

8. Did the responder work in any enclosed area(s) (e.g., subgrade levels like tunnels or basement, buildings) or in any area(s) not open to the general atmosphere? ☒ Yes ☐ No ☐ Don't know

If yes, select all that apply:

- ☐ Performed torch cutting or burning in any enclosed area(s)
- ☐ Worked near torch cutting or burning in any enclosed area(s)
- ☐ Performed concrete work in any enclosed area(s)
- ☐ Worked near concrete work in any enclosed area(s)
- ☒ Other - describe: He maneuvered through the dust and debris and entered confined spaces on unstable rubble.

Comments (optional): [Click here to enter text](#)

9. Where did the responder sleep during their dates of service?

- ☒ Always off-site
- ☐ Never off site
- ☐ Majority of time off-site but some on-site
- ☐ Majority on-site but some off-site

Comments (optional): [Click here to enter text](#)

10. Did the responder live, work (other than the response and recovery work noted above), or go to school in the New York City disaster area* during the 12 months after September 11, 2001?

☐ Yes ☒ No ☐ Don't know

*The 'New York City disaster area' means the area of Manhattan south of Houston Street; and any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site.

Example 6 - Exposure form for physical health conditions - Responder with chronic back pain and lumbar disc bulge

If yes, please provide the following information:

Dates	Activity (e.g., live, school, work) - if worked, describe job tasks	Location (e.g., south of Chambers Street, Canal Street, 14 th Street, or Houston Street in Manhattan; or western Brooklyn)
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text

11. Optional - Please use this space to provide additional comments for consideration.
[Click here to enter text](#)

Example 6 - Medical form for WTC-related health conditions - Responder with chronic back pain and lumbar disc bulge



Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Specify the WTC-related health condition(s) under consideration: Chronic Back Pain
2. What were the earliest symptoms of the disorder/disease and the temporal relationship to any pertinent WTC exposures?

Mr. Doe, a 48-year old male, worked as a paramedic in the recovery operations during the first few weeks after 9/11. Mr. Doe recalls his back pain originating as he bent over to manipulate a wedged piece of concrete while in an awkward position. He recalls experiencing spasms of his lower back, with pain and mild tingling sensation into his left leg. He took a break from duty for a few hours, but was again able to work that day. He had no prior history of chronic low back pain or radicular symptomatology, but admits to prior back strains over the course of his career prior to 9/11.

3. When (month/year) did these *symptoms* first begin?
10/2001

☐ Check here if the date refers to a worsening course of a pre-existing condition
If checked, specify pre-existing condition: [Click here to enter text](#)

4. Date of the diagnosis:
5/2002

5. To support the exposure-disease linkage, describe the clinical presentation of this disorder/disease, including initial presentation, response to treatment, and patterns over time. For mental health conditions, indicate whether symptoms include thought content or flashbacks directly related to the September 11, 2001 terrorist attacks.

Following the initial incident above, Mr. Doe continued to experience mild low back pain, which was exacerbated by heavy lifting or bending from the waist, and which was occasionally accompanied by shooting pain into his left leg. He felt the pain however was infrequent enough to be manageable, and he did not seek medical care for back pain. In May 2002, on routine appointment with his personal physician, he described his periodic low back pain, and this physician referred Mr. Doe to physical therapy, which provided some improvement. An MRI revealed a bulging disc of the L4/L5 intervertebral space, which was felt to be consistent with the pattern of his occasional radicular symptoms. He elected to continue with physical and medical therapy, and has had occasional similar symptomatology with certain strenuous activities since then, requiring periodic visits to physical therapy and use of NSAIDs as needed.

6. (Optional) - To further support the exposure-disease linkage, describe any underlying susceptibility factors (e.g., family history, other co-existing diseases) that may have affected this person's response to exposures from this disaster and possibly increased their risk for the medical conditions under consideration.

[Click here to enter text](#)

Example 6 - Medical form for WTC-related health conditions - Responder with chronic back pain and lumbar disc bulge

7. Please select your response to this statement:

Exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the condition(s) under consideration.

☒ Agree

☐ Disagree

(Optional) - To support the exposure-disease linkage, please explain your reasoning:

I strongly suspect that the original incident of slipping while conducting recovery work was likely to have led to the mild injury to his L4/L5 disc, which continues to cause him occasional pain. He will need continued occasional referrals to physical therapy and continued use of prescription NSAIDs on a periodic basis, thus necessitating certification of his low back pain condition as being WTC-related.

8. (Optional) - Please use this space to provide any additional comments that should be considered.

[Click here to enter text](#)

Example 7 - Narrative - Responder with carpal tunnel syndrome

Mr. John Doe, a 34-year old male, was involved in recovery operations as a volunteer fire fighter for several months after the WTC event, beginning on October 10, 2001 and ending on January 31, 2002. Prior to 9/11, he was going to medical school in addition to his fire fighter volunteer work. At Ground Zero, he worked 6 days per week, 10 hours per shift. He maneuvered through the rubble and manipulated heavy pieces of debris for many hours each day over the course of several months. He also participated in the bucket brigade. Mr. Doe recalls first noticing mild pain and tingling in his left thumb in November 2001, after several weeks of continued work on the pile manipulating and lifting debris. This would occasionally require him to rest for up to half an hour before his hand felt well enough to begin working again. Mr. Doe continued to experience pain in his left thumb while conducting debris removal work, which progressively worsened over the course of several more weeks. He states he began to feel numbness in the index and third fingers of this hand as well, which would linger for several hours, but subside in the evenings while off duty. He continued to work despite these difficulties, but was eventually assigned to duties involving less manipulation of heavy debris. He did not seek care for this condition during his time working at the WTC site. After completion of duties at the WTC site, he noted that he would still experience thumb pain and tingling while doing certain activities, such as prolonged typing, or prolonged time manipulating small objects, such as when handwriting. He mentioned this to his personal physician in early 2003, and after a course of NSAIDs, was referred to neurology for an EMG. In March 2003, testing was consistent with carpal tunnel syndrome, and he was provided with a splint to utilize when doing activities which exacerbate the condition. He states that his symptoms in 2011 have become more frequent, and we are considering surgical referral for correction of median nerve entrapment.

I strongly suspect that the repetitive manipulation of debris while conducting recovery work which led to his initial symptoms ultimately progressed to entrapment of his median nerve, with persistent symptomatology over the intervening years. This has most recently progressed in frequency of episodes, and is a continuation of an issue which started during the WTC response and recovery.

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Occupation just prior to September 11, 2001? Volunteer Fire Fighter

2. Dates of response and recovery service:

Start: 10/10/2001

Finish: 1/31/2002

Comments (optional): His service was continuous across these dates; he worked 6 days/week.

3. Average hours per day: 8 hours

4. Estimate of total time engaged in response and recovery work:

Days days

Weeks weeks

3.5 months

Comments (optional): [Click here to enter text](#)

5. Was the responder in lower Manhattan (south of Canal Street) at anytime on September 11, 2001?

☐ Yes ☒ No

If yes – then review below:

☐ Directly in the cloud of dust (or “blackout”) from the collapse of the WTC buildings

☐ Exposed to significant amounts of dust but not directly in the cloud of dust from the collapse of the WTC buildings

☐ Exposed to some dust but not in the cloud of dust from the collapse of the WTC buildings

☐ Not exposed to dust and not in the cloud of dust from the collapse of the WTC buildings

☐ Don’t know

Comments (optional): [Click here to enter text](#)

6. Location of work (select all that apply):

☒ On the pile/in the pit

☐ Adjacent to the pile/pit

☐ Landfill

☐ Barges/loading piers

☐ Elsewhere south of Canal Street

☐ Other location – specify: [Click here to enter text](#)

☐ Don’t know

Comments (optional): [Click here to enter text](#)

Example 7 - Exposure form for physical health conditions - Responder with carpal tunnel syndrome

7. Job/tasks performed (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Body bag work | <input type="checkbox"/> Industrial hygiene |
| <input checked="" type="checkbox"/> Bucket brigade | <input type="checkbox"/> Morgue work |
| <input type="checkbox"/> Cable installation/repair/splicing
(excluding work performed in manholes) | <input type="checkbox"/> Perimeter security |
| <input type="checkbox"/> Cable installation/repair/splicing
(including work performed in manholes) | <input type="checkbox"/> Sanitation worker |
| <input type="checkbox"/> Canteen services | <input checked="" type="checkbox"/> Search and rescue |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Sifting (excluding conveyor belt) |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Sifting (including conveyor belt) |
| <input type="checkbox"/> Dog handler | <input type="checkbox"/> Towing |
| <input type="checkbox"/> Dust suppression | <input type="checkbox"/> Truck loading/unloading |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Truck routing |
| <input type="checkbox"/> Escorting | <input type="checkbox"/> Torch cutting or burning |
| <input type="checkbox"/> Excavation/confined space work | <input type="checkbox"/> Work with concrete |
| <input checked="" type="checkbox"/> Fire fighter | <input checked="" type="checkbox"/> Other, specify: maneuvered through
the rubble and manipulated heavy pieces
of debris |

Comments (optional): [Click here to enter text](#)

8. Did the responder work in any enclosed area(s) (e.g., subgrade levels like tunnels or basement, buildings) or in any area(s) not open to the general atmosphere? ☐ Yes ☒ No ☐ Don't know

If yes, select all that apply:

- ☐ Performed torch cutting or burning in any enclosed area(s)
- ☐ Worked near torch cutting or burning in any enclosed area(s)
- ☐ Performed concrete work in any enclosed area(s)
- ☐ Worked near concrete work in any enclosed area(s)
- ☐ Other - describe: [Click here to enter text](#)

Comments (optional): [Click here to enter text](#)

9. Where did the responder sleep during their dates of service?

- ☒ Always off-site
- ☐ Never off site
- ☐ Majority of time off-site but some on-site
- ☐ Majority on-site but some off-site

Comments (optional): [Click here to enter text](#)

10. Did the responder live, work (other than the response and recovery work noted above), or go to school in the New York City disaster area* during the 12 months after September 11, 2001?

- ☐ Yes ☒ No ☐ Don't know

*The 'New York City disaster area' means the area of Manhattan south of Houston Street; and any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site.

Example 7 - Exposure form for physical health conditions - Responder with carpal tunnel syndrome

If yes, please provide the following information:

Dates	Activity (e.g., live, school, work) - if worked, describe job tasks	Location (e.g., south of Chambers Street, Canal Street, 14 th Street, or Houston Street in Manhattan; or western Brooklyn)
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text

11. Optional - Please use this space to provide additional comments for consideration.

[Click here to enter text](#)

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Specify the WTC-related health condition(s) under consideration: Carpal Tunnel Syndrome

2. What were the earliest symptoms of the disorder/disease and the temporal relationship to any pertinent WTC exposures?

Mr. Doe, a 34-year old male, was involved in recovery operations as a volunteer fire fighter for several months after the WTC event, beginning in October 2001. Prior to 9/11, he was going to medical school in addition to his fire fighter volunteer work. Mr. Doe recalls noticing mild pain and tingling in his left thumb after several weeks of continued work on the pile manipulating and lifting debris. This would occasionally require him to rest for up to half an hour before his hand felt well enough to begin working again. He does not recall any similar episodes of this type of pain and tingling in his hand prior to work at the WTC response.

3. When (month/year) did these *symptoms* first begin?

11/2001

☐ Check here if the date refers to a worsening course of a pre-existing condition

If checked, specify pre-existing condition: [Click here to enter text](#)

4. Date of the diagnosis:

3/2003

5. To support the exposure-disease linkage, describe the clinical presentation of this disorder/disease, including initial presentation, response to treatment, and patterns over time:

Mr. Doe continued to experience pain in his left thumb while conducting debris removal work, which progressively worsened over the course of several more weeks. He states he began to feel numbness in the index and third fingers of this hand as well, which would linger for several hours, but subside in the evenings while off duty. He continued to work despite these difficulties, but was eventually assigned to duties involving less manipulation of heavy debris. He did not seek care for this condition during his time working at the WTC site. After completion of duties at the WTC site, he noted that he would still experience thumb pain and tingling while doing certain activities, such as prolonged typing, or prolonged time manipulating small objects, such as when handwriting. He mentioned this to his personal physician in early 2003, and after a course of NSAIDS, was referred to neurology for EMG. In March 2003, testing was consistent with carpal tunnel syndrome, and he was provided with a splint to utilize when doing activities which exacerbate the condition. He states that his symptoms in 2011 have become more frequent, and we are considering surgical referral for correction of median nerve entrapment.

6. (Optional) - To further support the exposure-disease linkage, describe any underlying susceptibility factors (e.g., family history, other co-existing diseases) that may have affected this person's response to exposures from this disaster and possibly increased their risk for the medical conditions under consideration.

[Click here to enter text](#)

Example 7 - Medical form for WTC-related health conditions - Responder with carpal tunnel syndrome

7. Please select your response to this statement:

Exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the condition(s) under consideration.

☒ Agree

☐ Disagree

(Optional) - To support the exposure-disease linkage, please explain your reasoning:

I strongly suspect that the repetitive manipulation of debris while conducting recovery work which led to his initial symptoms ultimately progressed to entrapment of his median nerve, with persistent symptomatology over the intervening years. This has most recently progressed in frequency of episodes, and is a continuation of an issue which was instigated from his duties during the WTC response and recovery.

8. (Optional) - Please use this space to provide any additional comments that should be considered.

[Click here to enter text](#)

Example 8 - Narrative - Responder with chronic rhinosinusitis

Mr. John Doe, a 49-year old truck driver, was involved in the transportation of debris from the WTC site to a Manhattan dock, where it was transferred to a barge for removal to a processing center in Staten Island. He states that he began this duty on March 14, 2002, and continued to do so for 8 months, ending in November 19, 2002. He worked six days per week, 8 hours per day. Mr. Doe first began to notice nasal congestion in April 2002. He has a history of nasal polyps and seasonal allergies which are most prevalent each spring. His father and one brother also have nasal polyps. However, on this occasion, Mr. Doe had a thick yellowish discharge when he blew his nose. He states that the stuffiness was thick enough to cause difficulty breathing through his nose. After several weeks of nasal and sinus congestion, Mr. Doe states that he began to experience pain and tenderness around his nose and eyes, which persisted for weeks. He began to use an over-the-counter decongestant which provided some relief. He states that once he completed his transportation duties in November, 2002, he initially noticed an overall improvement in his nasal stuffiness, with ongoing but less frequent and shorter duration episodes of pain and tenderness around his nose. However in 2003, he started to have bouts of sinus and nasal congestion and facial pain throughout the year. In July 2005, an ENT physician diagnosed him with chronic rhinosinusitis. Mr. Doe is currently using a corticosteroid nasal spray and saline irrigation.

I strongly suspect that the frequent and prolonged exposure to dust while conducting WTC response activities eventually led to his chronic rhinosinusitis. Though his dust exposure may not be considered particularly high in intensity, it was of prolonged duration, and occurred in a person who had two underlying factors (seasonal allergies and nasal polyps) making him susceptible to the development of chronic rhinosinusitis. He continues to require treatment for bouts of rhinosinusitis, particularly each spring, and thus continued treatment for this condition is anticipated, necessitating certification for treatment within the WTC health program.

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Occupation just prior to September 11, 2001? Truck Driver

2. Dates of response and recovery service:

Start: 3/14/2002

Finish: 11/19/2002

Comments (optional): His service was continuous across these dates; he worked 6 days/week.

3. Average hours per day: 8 hours

4. Estimate of total time engaged in response and recovery work:

Days days

Weeks weeks

8 months

Comments (optional): [Click here to enter text](#)

5. Was the responder in lower Manhattan (south of Canal Street) at anytime on September 11, 2001?

☐ Yes ☒ No

If yes – then review below:

☐ Directly in the cloud of dust (or “blackout”) from the collapse of the WTC buildings

☐ Exposed to significant amounts of dust but not directly in the cloud of dust from the collapse of the WTC buildings

☐ Exposed to some dust but not in the cloud of dust from the collapse of the WTC buildings

☐ Not exposed to dust and not in the cloud of dust from the collapse of the WTC buildings

☐ Don’t know

Comments (optional): [Click here to enter text](#)

6. Location of work (select all that apply):

☐ On the pile/in the pit

☐ Adjacent to the pile/pit

☐ Landfill

☐ Barges/loading piers

☐ Elsewhere south of Canal Street

☒ Other location – specify: He traveled between the site adjacent to the WTC complex to a nearby pier, but he never worked on the physical site of the WTC complex itself.

☐ Don’t know

Comments (optional): [Click here to enter text](#)

Example 8 - Exposure form for physical health conditions - Responder with chronic rhinosinusitis

7. Job/tasks performed (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Body bag work | <input type="checkbox"/> Industrial hygiene |
| <input type="checkbox"/> Bucket brigade | <input type="checkbox"/> Morgue work |
| <input type="checkbox"/> Cable installation/repair/splicing
(excluding work performed in manholes) | <input type="checkbox"/> Perimeter security |
| <input type="checkbox"/> Cable installation/repair/splicing
(including work performed in manholes) | <input type="checkbox"/> Sanitation worker |
| <input type="checkbox"/> Canteen services | <input type="checkbox"/> Search and rescue |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Sifting (excluding conveyor belt) |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Sifting (including conveyor belt) |
| <input type="checkbox"/> Dog handler | <input type="checkbox"/> Towing |
| <input type="checkbox"/> Dust suppression | <input type="checkbox"/> Truck loading/unloading |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Truck routing |
| <input type="checkbox"/> Escorting | <input type="checkbox"/> Torch cutting or burning |
| <input type="checkbox"/> Excavation/confined space work | <input type="checkbox"/> Work with concrete |
| <input type="checkbox"/> Fire fighter | <input checked="" type="checkbox"/> Other, specify: Truck driver -
transported rubble and debris from the
WTC site to a Manhattan dock |

Comments (optional): [Click here to enter text](#)

8. Did the responder work in any enclosed area(s) (e.g., subgrade levels like tunnels or basement, buildings) or in any area(s) not open to the general atmosphere? ☐ Yes ☒ No ☐ Don't know

If yes, select all that apply:

- ☐ Performed torch cutting or burning in any enclosed area(s)
- ☐ Worked near torch cutting or burning in any enclosed area(s)
- ☐ Performed concrete work in any enclosed area(s)
- ☐ Worked near concrete work in any enclosed area(s)
- ☐ Other - describe: [Click here to enter text](#)

Comments (optional): [Click here to enter text](#)

9. Where did the responder sleep during their dates of service?

- ☒ Always off-site
- ☐ Never off site
- ☐ Majority of time off-site but some on-site
- ☐ Majority on-site but some off-site

Comments (optional): [Click here to enter text](#)

10. Did the responder live, work (other than the response and recovery work noted above), or go to school in the New York City disaster area* during the 12 months after September 11, 2001?

- ☐ Yes ☒ No ☐ Don't know

*The 'New York City disaster area' means the area of Manhattan south of Houston Street; and any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site.

Example 8 - Exposure form for physical health conditions - Responder with chronic rhinosinusitis

If yes, please provide the following information:

Dates	Activity (e.g., live, school, work) - if worked, describe job tasks	Location (e.g., south of Chambers Street, Canal Street, 14 th Street, or Houston Street in Manhattan; or western Brooklyn)
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text

11. Optional - Please use this space to provide additional comments for consideration.

[Click here to enter text](#)

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Specify the WTC-related health condition(s) under consideration: Chronic Rhinosinusitis
2. What were the earliest symptoms of the disorder/disease and the temporal relationship to any pertinent WTC exposures?
Mr. Doe, a 49 y/o truck driver, was involved in the transportation of debris from the WTC site to a Manhattan dock, where it was transferred to a barge for removal to a processing center in Staten Island. Mr. Doe first began to notice a stuffiness to his nose about a month after beginning this work, and then had a thick yellowish discharge when he blew his nose. He states that the stuffiness was thick enough to cause difficulty breathing through his nose.

3. When (month/year) did these *symptoms* first begin?
4/2002

☐ Check here if the date refers to a worsening course of a pre-existing condition
If checked, specify pre-existing condition: [Click here to enter text](#)

4. Date of the diagnosis:
7/2005

5. To support the exposure-disease linkage, describe the clinical presentation of this disorder/disease, including initial presentation, response to treatment, and patterns over time. For mental health conditions, indicate whether symptoms include thought content or flashbacks directly related to the September 11, 2001 terrorist attacks.

After several weeks of nasal and sinus congestion, Mr. Doe states that he began to experience pain and tenderness around his nose and eyes, which persisted for weeks. He began to use an over-the-counter decongestant which provided some relief. He states that once he completed his transportation duties in November, 2002, he initially noticed an overall improvement in his nasal stuffiness, with ongoing but less frequent and shorter duration episodes of pain and tenderness around his nose. However in 2003, he started to have bouts of sinus and nasal congestion and facial pain throughout the year. In July 2005, an ENT physician diagnosed him with chronic rhinosinusitis. Mr. Doe is currently using a corticosteroid nasal spray and saline irrigation.

6. (Optional) - To further support the exposure-disease linkage, describe any underlying susceptibility factors (e.g., family history, other co-existing diseases) that may have affected this person's response to exposures from this disaster and possibly increased their risk for the medical conditions under consideration.

Mr. Doe notes that there is a family history of nasal polyps, as both his father and one brother have had significant nasal polyps. In 2005, his physician noted he had nasal polyps as well, which may well have been present for many years. Mr. Doe also has a longstanding history of seasonal allergies, which are most prevalent each spring.

7. Please select your response to this statement:

Exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the condition(s) under consideration.

- ☒ Agree
☐ Disagree

(Optional) - To support the exposure-disease linkage, please explain your reasoning:

I strongly suspect that the frequent and prolonged exposure to dust while conducting WTC response activities eventually led to his chronic rhinosinusitis. Though his dust exposure may not be considered particularly high in intensity, it was of prolonged duration, and occurred in a person with two underlying factors (seasonal allergies and nasal polyps) making him susceptible to the development of chronic rhinosinusitis. He continues to require treatment for bouts of rhinosinusitis, particularly each spring, and thus continued treatment for this condition is anticipated, necessitating certification for treatment within the WTC health program.

8. (Optional) - Please use this space to provide any additional comments that should be considered.

[Click here to enter text](#)

Example 9 – Narrative - Survivor with asthma and depression

Mr. John Doe is a 42-year old male who worked for an industrial supply company located south of Canal Street in 2001. On the morning of 9/11, he was on his way to his job on the PATH train when it was stopped. He got out and witnessed the second plane hit the South tower. He also witnessed people jumping from the towers. When the first tower started to collapse, he and three other people got under a parked delivery truck. He was not caught directly in the dust cloud but was covered in dust and debris. He was in lower Manhattan until about 4 pm. On October 4, 2001, he returned to his workplace in lower Manhattan to pick up files and move them to the company's new location in Dayton, New Jersey. The inside of the building had been covered in dust after the towers collapsed but had since been professionally cleaned.

For a few weeks after 9/11, he had anxiety and a hard time sleeping. He had nightmares about the planes hitting the towers, the towers collapsing, and seeing people running away from the towers. He was at home for three weeks following 9/11 and had watched a lot of television about the recovery and response efforts. He had no prior history or family history of anxiety, depression, or substance abuse. His anxiety and nightmares resolved when he went back to work in October 2001, and his days were more structured. However, he continued to have trouble sleeping. He also felt guilty about living while so many others lost their life on 9/11. In September 2006, his doctor diagnosed Mr. Doe with major depression, started him on sertraline, and referred him to a psychologist for cognitive-behavioral therapy. In 2007, he felt better and discontinued the cognitive-behavioral therapy and sertraline. In 2011, he watched a show about 9/11/01 on television and became depressed. He had heard about the WTC health program and came in January 2012 for evaluation. He was evaluated by a psychologist who diagnosed Mr. Doe with major depression. He was started on sertraline which was beneficial in the past, and he will begin individual cognitive-behavioral therapy.

In October 2001, he also started to experience coughing, chest tightness, shortness of breath, and wheezing. He has had asthma and seasonal allergic rhinitis since childhood and GERD since young adulthood. He has never smoked. Every spring, he reports sneezing and nasal congestion and itching; he uses a corticosteroid nasal spray and nasal irrigation to control his rhinitis. He occasionally has heartburn and takes Tums 1-2 times a month with good success. Neither the seasonal allergic rhinitis nor GERD has worsened since 9/11. His asthma, however, has worsened. Prior to 9/11, he took albuterol one to two times a month when he had episodes of wheezing especially after long runs in the cold. He loves outdoor activities. Prior to 9/11, he ran 20-30 miles/week and rock climbed at a gym near his home. In October 2001, he started using his albuterol inhaler daily. He was also waking up at night a few times coughing. He had an emergency room visit in October 2001 for severe asthma exacerbation and his treatment included 10 days of oral prednisone. He stopped running and rock climbing due to his asthma symptoms. He has had several other ER visits over the years since 9/11. Currently, his moderate persistent asthma is controlled on a low-dose inhaled corticosteroid and a leukotriene receptor antagonist. He has started running and rock climbing again.

I believe that Mr. Doe's exposures in WTC disaster area were substantially likely to be a factor in causing his depression and aggravating his asthma. Also, he has underlying susceptibility factors (seasonal allergic rhinitis, GERD, and childhood asthma) may have affected his response to exposures from this disaster and increased his risk for chronic asthma. His WTC-related depression is also a susceptibility factor for his asthma.

Example 9 - Exposure form for physical health conditions - Survivor with asthma and depression



Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. On September 11, 2001 after the terrorist attack was the survivor in the New York City disaster area*? ☒ Yes ☐ No ☐ Don't know

If yes, check all that apply:

- ☐ Worker in one of the WTC towers
- ☐ Worker in surrounding offices, stores, restaurants, or other workplace
- ☐ Patron of surrounding stores, offices, or restaurants
- ☐ Student or staff at school or preschool
- ☐ Adult in daycare or staff at a daycare center
- ☒ In transit; describe: On PATH train – see comment below
- ☐ At place of residence
- ☐ Other location: Specify: [Click here to enter location](#)

Comments (optional): On the morning of 9/11, he was on his way to his job on the PATH train when it was stopped. He got out and witnessed the second plane hit the South tower. He also witnessed people jumping from the towers.

2. Was the survivor exposed to a significant amount of dust on September 11, 2001? ☒ Yes ☐ No ☐ Don't know

If yes – then review below (select all that apply):

- ☐ Caught in WTC debris before the WTC towers collapsed
- ☐ Directly in the cloud of dust when the WTC towers collapsed
- ☒ Not directly in the cloud of dust but was exposed to significant amounts of dust - If checked, describe: When the first tower started to collapse, he and three other people got under a parked delivery truck. He was not caught directly in the dust cloud but was covered in dust and debris. He was in lower Manhattan until about 4 pm.

Comments (optional): [Click here to enter location](#)

3. Did the survivor work or go to school in the New York City disaster area* on September 11, 2001?

- ☒ Yes – describe: Industrial supply company located south of Canal Street
- ☐ No
- ☐ Don't know

If yes, check all that apply:

- ☒ Evacuated or left work or school
 - Date evacuated or left: 9/10/2001
 - Date returned: 10/4/2001

Example 9 - Exposure form for physical health conditions - Survivor with asthma and depression

Comments (optional):

Mr. Doe was not at his workplace on or after 9/11 until October 4, 2001 when he returned to pick up files and move them to the company's new location in Dayton, New Jersey. The inside of the building had been covered in dust after the towers collapsed but had since been professionally cleaned.

- ☐ Damage to workplace or school immediately after the 9/11 terrorist attack (e.g., broken windows, broken building pieces present, interior wall damage, furnishings damaged)

Comments (optional): [Click here to enter location](#)

- ☒ Workplace or school covered in dust after the collapse of the WTC towers on September 11, 2001

If checked: Did the survivor helped clean the workplace or school of the dust, or was the survivor present during the cleaning?

☐ Yes ☒ No ☐ Don't know

If yes – then review:

Broom used during the cleaning

☐ Yes ☐ No ☐ Don't know

Compressed air used during the cleaning

☐ Yes ☐ No ☐ Don't know

Hard surfaces wet wiped (mop or damp cloth)

☐ Yes ☐ No ☐ Don't know

Vacuum used during the cleaning

☐ Yes ☐ No ☐ Don't know

If yes, did the vacuum have a HEPA filter?

☐ Yes ☐ No ☐ Don't know

Carpet replaced during the cleaning

☐ Yes ☐ No ☐ Don't know

Did the survivor wear personal protective equipment (e.g., gloves, goggles, respirator) during the cleaning?

☐ Yes ☐ No ☐ Don't know

If yes, describe: [Click here to enter text](#)

Comments (optional): [Click here to enter text](#)

4. Did the survivor live in the New York City disaster area* on September 11, 2001?

☐ Yes ☒ No ☐ Don't know

If yes, select all that apply:

- ☐ Evacuated or left place of residence

Date evacuated or left: [Click here to enter date](#)

Example 9 - Exposure form for physical health conditions - Survivor with asthma and depression

Date returned: [Click here to enter date](#)

Comments (optional): [Click here to enter text](#)

- ☐ Damage to place of residence immediately after the 9/11 terrorist attack (e.g., broken windows, broken building pieces present, interior wall damage, furnishings damaged)

Comments (optional): [Click here to enter text](#)

- ☐ Place of residence covered in dust after the collapse of the WTC towers

If checked, select all that apply:

- ☐ Residence professionally cleaned
- ☐ Residence cleaned by nonprofessional cleaners (e.g., residents, family members)
- ☐ Survivor helped clean the residence of dust or was present during the cleaning - If checked – then review

Broom used during the cleaning

- ☐ Yes ☐ No ☐ Don't know

Compressed air used during the cleaning

- ☐ Yes ☐ No ☐ Don't know

Hard surfaces wet wiped (mop or damp cloth)

- ☐ Yes ☐ No ☐ Don't know

Vacuum used during the cleaning

- ☐ Yes ☐ No ☐ Don't know

If yes, did the vacuum have a HEPA filter?

- ☐ Yes ☐ No ☐ Don't know

Carpet replaced during the cleaning

- ☐ Yes ☐ No ☐ Don't know

Did the survivor wear personal protective equipment (e.g., gloves, goggles, respirator) during the cleaning? ☐ Yes ☐ No ☐ Don't know

If yes, describe: [Click here to enter text](#)

Comments (optional): [Click here to enter text](#)

5. Did the survivor live, work (other than the response and recovery work noted above), or go to school in the New York City disaster area* during the 12 months after September 11, 2001?

- ☐ Yes ☒ No ☐ Don't know

If yes, please provide the following information:

Dates	Activity (e.g., live, school, work) - if worked, describe job tasks	Location (e.g., south of Chambers Street, Canal Street, 14 th Street, or Houston Street in
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Example 9 - Exposure form for physical health conditions - Survivor with asthma and depression

		Manhattan; or western Brooklyn)
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text

6. Optional - Please use this space to provide additional comments for consideration.

[Click here to enter text](#)

*The 'New York City disaster area' means the area of Manhattan south of Houston Street; and any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site.

Example 9 - Exposure form for psychological conditions - Survivor with asthma and depression

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. For a Responder: estimate of total time engaged in response and recovery work:

Days days

Weeks weeks

Months months

☒ N/A (survivor)

2. For a Responder: select the bullets corresponding to locations of work:

- ☐ On the pile/in the pit
- ☐ Adjacent to the pile/pit
- ☐ Landfill
- ☐ Barges/loading piers
- ☐ Elsewhere south of Canal Street
- ☐ Other location – specify: [Click here to enter text](#)
- ☐ Don't know
- ☒ N/A (survivor)

Comments (optional): [Click here to enter text](#)

3. For a Responder: what types of job tasks were performed (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Body bag work | <input type="checkbox"/> Industrial hygiene |
| <input type="checkbox"/> Bucket brigade | <input type="checkbox"/> Morgue work |
| <input type="checkbox"/> Cable installation/repair/splicing
(excluding work performed in manholes) | <input type="checkbox"/> Perimeter security |
| <input type="checkbox"/> Cable installation/repair/splicing
(including work performed in manholes) | <input type="checkbox"/> Sanitation worker |
| <input type="checkbox"/> Canteen services | <input type="checkbox"/> Search and rescue |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Sifting (excluding conveyor belt) |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Sifting (including conveyor belt) |
| <input type="checkbox"/> Dog handler | <input type="checkbox"/> Towing |
| <input type="checkbox"/> Dust suppression | <input type="checkbox"/> Truck loading/unloading |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Truck routing |
| <input type="checkbox"/> Escorting | <input type="checkbox"/> Torch cutting or burning |
| <input type="checkbox"/> Excavation/confined space work | <input type="checkbox"/> Work with concrete |
| <input type="checkbox"/> Fire fighter | <input type="checkbox"/> Other, specify: Enter text |
| | <input checked="" type="checkbox"/> N/A (survivor) |

Comments (optional): [Click here to enter text](#)

4. Did member need to relocate their home (temporary) as a result of these events?

- ☐ Yes, describe how long: [Click here to enter text](#)
- ☐ No
- ☒ N/A

Comments (optional): He did not live in the NYC disaster area.

Example 9 - Exposure form for psychological conditions - Survivor with asthma and depression

5. Was the member's home damaged as a result of these events?

- ☐ Yes, describe: [Click here to enter text](#)
- ☐ No
- ☒ N/A

6. Did the member need to change their place of work or occupation as a result of these events?

- ☒ Yes, describe: The industrial supply company relocated to Dayton, New Jersey; Mr. Doe transferred to the new location.
- ☐ No
- ☐ N/A

If yes:

Was the member able to find work at an equivalent rate of pay or position status?

- ☒ Yes
- ☐ No, explain the outcome [Click here to enter text](#):

7. Please check the appropriate bullets below to indicate pertinent exposures:

- ☒ Direct witnessing of horror (e.g., people jumping from skyscraper, mutilated bodies)
- ☐ Direct recovery of body parts. If checked – then review below
 - ☐ Had prior training and experience for this task
 - ☐ No prior training or experience for this task
- ☐ Serious injury to self
- ☒ Experience threat to own life (e.g., caught in dust cloud during collapse)

Describe: When the first tower started to collapse, he and three other people got under a parked delivery truck. He was not caught directly in the dust cloud but was covered in dust and debris.

- ☐ Loss of loved ones or co-workers from the event
- ☒ Psychiatric symptoms include thought content or flashbacks directly related to the September 11, 2001 terrorist attacks
- ☒ Change in abilities due to difficulties associated with a co-morbid WTC-related medical condition or injury – if checked, please explain:
He asthma worsened, and he stopped running and rock climbing (please see medical form).
- ☐ Loss of reasonable employment due to circumstances initiated by the event – if checked, please explain:

[Click here to enter text](#)

8. Optional - Please provide any additional exposure-related comments that should be considered.

[Click here to enter text](#)

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Specify the WTC-related health condition(s) under consideration: Asthma and Major Depression

2. What were the earliest symptoms of the disorder/disease and the temporal relationship to any pertinent WTC exposures?

Mr. Doe is a 42-year old male who worked as a marketing assistant at an industrial supply company located south of Canal Street in 2001. On 9/11, he was on his way to his job on the PATH train. The train unexpectedly stopped, and he got off. He witnessed the second plane hit the tower, and people jumping from the towers. He got under a parked delivery truck when the first tower collapsed. Right after 9/11, he had anxiety and a hard time sleeping. In October 2001, he returned to his workplace to pick up files. The office had been covered in WTC dust but has since been professionally cleaned. In October 2001, he started to experience coughing, chest tightness, shortness of breath, and wheezing.

3. When (month/year) did these *symptoms* first begin?

9/2001- depression symptoms

10/2001- asthma symptoms

☒ Check here if the date refers to a worsening course of a pre-existing condition
If checked, specify pre-existing condition: asthma

4. Date of the diagnosis:

9/2006 – depression

asthma - diagnosed during childhood

5. To support the exposure-disease linkage, describe the clinical presentation of this disorder/disease, including initial presentation, response to treatment, and patterns over time. For mental health conditions, indicate whether symptoms include thought content or flashbacks directly related to the September 11, 2001 terrorist attacks.

Depression

For a few weeks after 9/11, he had anxiety and a hard time sleeping. He had nightmares about the planes hitting the towers, the towers collapsing, and seeing people running away from the towers. He was at home for three weeks following 9/11 and had watched a lot of television about the recovery and response efforts. He had no prior history or family history of anxiety, depression, or substance abuse. His anxiety and nightmares resolved when he went back to work in October 2001, and his days were more structured. However, he continued to have trouble sleeping. He also felt guilty about living while so many others lost their life on 9/11. In September 2006, his doctor diagnosed Mr. Doe with major depression, started him on sertraline, and referred him to a psychologist for cognitive-behavioral therapy. In 2007, he felt better and discontinued the cognitive-behavioral therapy and sertraline. In 2011, he watched a show about 9/11/01 on television and became depressed. He had heard about the WTC health program and came in January 2012 for evaluation. He was evaluated by a psychologist who diagnosed Mr. Doe with major depression. He was started on sertraline which was beneficial in the past, and he will begin individual cognitive-behavioral therapy.

Example 9 - Medical form for WTC-related health conditions - Survivor with asthma and depression

Asthma

In October 2001, he also started to experience coughing, chest tightness, shortness of breath, and wheezing. He has had asthma and seasonal allergic rhinitis since childhood and GERD since young adulthood. He has never smoked. Every spring, he reports sneezing and nasal congestion and itching; he uses a corticosteroid nasal spray and nasal irrigation to control his rhinitis. He occasionally has heartburn and takes Tums 1-2 times a month with good success. Neither the seasonal allergic rhinitis nor GERD has worsened since 9/11. His asthma, however, has worsened. Prior to 9/11, he took albuterol one to two times a month when he had episodes of wheezing especially after long runs in the cold. He loves outdoor activities. Prior to 9/11, he ran 20-30 miles/week and rock climbed at a gym near his home. In October 2001, he started using his albuterol inhaler daily. He was also waking up at night a few times coughing. He had an emergency room visit in October 2001 for severe asthma exacerbation and his treatment included 10 days of oral prednisone. He stopped running and rock climbing due to his asthma symptoms. He has had several other ER visits over the years since 9/11. Currently, his moderate persistent asthma is controlled on a low-dose inhaled corticosteroid and a leukotriene receptor antagonist. He has started running and rock climbing again.

6. (Optional) - To further support the exposure-disease linkage, describe any underlying susceptibility factors (e.g., family history, other co-existing diseases) that may have affected this person's response to exposures from this disaster and possibly increased their risk for the medical conditions under consideration.

He has seasonal allergic rhinitis, GERD, and childhood asthma which may have affected his response to WTC exposures and increased his risk for chronic asthma.

7. Please select your response to this statement:

Exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the condition(s) under consideration.

- ☒ Agree
☐ Disagree

(Optional) - To support the exposure-disease linkage, please explain your reasoning:

[Click here to enter text](#)

8. (Optional) - Please use this space to provide any additional comments that should be considered.

[Click here to enter text](#)

Example 10 - Narrative - Responder with rhinitis, asthma, GERD, and adjustment disorder with depressed mood

Mr. John Doe is a 37 y/o steel worker. On 9/11, he witnessed the second plane hit the WTC tower from his job site a few miles away. He worked at the WTC disaster site from 9/12/2001 to 12/19/2001. He generally worked 10 hour shifts, 6 days/week. He cut, welded, and torched steel beams, often in enclosed spaces. He wore gloves and a dust mask which had not been fit-tested. He reported that the disaster site was loud and dangerous, and he often had to take his mask off to communicate with others. As he cut steel, he would come across bodies and body parts. Firefighters removed them.

He started to experience rhinorrhea and nasal congestion during his second day at the disaster site. In October 2001, he started sneezing and had post-nasal drip. He took an over-the-counter decongestant which helped some. He also began to have heartburn and regurgitation three to four times a week. He took Tums and over-the-counter Pepcid, but his symptoms got worse. In January 2001, he started to cough; it would wake him up at night. He noticed shortness of breath walking up the two flights of stairs to his apartment. He had no history of rhinitis, hay fever, asthma, other lung problems, hypertension, heart disease, or GERD. He reports eczema since childhood. He was a U.S. Army combat soldier in the first Gulf war and saw dead bodies during combat. He suffered from depression when he returned home from the war. He was treated successfully with cognitive therapy and medication; he has been symptom free for 10 years. He has smoked since he was 17-years old, about a pack a day. He denies alcohol or substance abuse.

In May 2002, he went to his family doctor because he continued to have nasal, lower respiratory, and reflux symptoms. His doctor diagnosed him with rhinitis and GERD and started him on fluticasone nasal spray for his rhinitis and once daily omeprazole (20 mg) for his GERD. Spirometry showed reversible airways obstruction. In June 2002, he was diagnosed with asthma and started on albuterol as needed. In August 2002, he continued have nasal congestion and postnasal drip as well as wheezing, cough, and shortness of breath. His doctor added azelastine nasal spray which resulted in good control of his rhinitis and started him on a low-dose inhaled corticosteroid (fluticasone DPI 100µg twice daily) for his asthma. In October 2007, he again started to have reflux symptoms; his doctor increased his omeprazole dose (40mg) which controlled his symptoms. In November 2010, his heartburn and regurgitation returned; his doctor increased his omeprazole to twice daily. However, his reflux symptoms persisted after two months of twice daily omeprazole. An EGD was negative for esophagitis and Barrett's esophagus. In December 2011, his asthma medication was stepped up to Advair 100/50 due to persistent asthma symptoms; the change helped considerably. In January 2012, he heard about the WTC health program and came in for evaluation. We recommend impedance/pH testing to see if acid reflux or non-acid reflux is found.

During the WTC monitoring exam, Mr. Doe was evaluated by a psychologist and diagnosed with adjustment disorder with depressed mood. He reported feeling depressed and worthlessness because of his chronic medical conditions which have resulted in a significant amount of missed work.

I believe that Mr. Doe's exposures in WTC disaster area were substantially likely to be a factor in aggravating, contributing, or causing his chronic rhinitis, asthma, and GERD. His history of atopic dermatitis may have increased his risk for chronic rhinitis and asthma. His history of cigarette smoking may have increased his risk for rhinitis, asthma, and GERD. His psychologist and I believe Mr. Doe's adjustment disorder with depressed mood have made control of his chronic asthma and GERD more difficult.

Example 10 – Exposure form for physical health conditions - Responder with rhinitis, asthma, GERD, and adjustment disorder with depressed mood

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Occupation just prior to September 11, 2001? Steel worker

2. Dates of response and recovery service:

Start: 9/12/2001

Finish: 12/19/2001

Comments (optional): His service was continuous across these dates; he worked 6 days/week.

3. Average hours per day: 10 hours

4. Estimate of total time engaged in response and recovery work:

Days days

Weeks weeks

3 months

Comments (optional): [Click here to enter text](#)

5. Was the responder in lower Manhattan (south of Canal Street) at anytime on September 11, 2001?

☐ Yes ☒ No

If yes – then review below:

☐ Directly in the cloud of dust (or “blackout”) from the collapse of the WTC buildings

☐ Exposed to significant amounts of dust but not directly in the cloud of dust from the collapse of the WTC buildings

☐ Exposed to some dust but not in the cloud of dust from the collapse of the WTC buildings

☐ Not exposed to dust and not in the cloud of dust from the collapse of the WTC buildings

☐ Don’t know

Comments (optional): [Click here to enter text](#)

6. Location of work (select all that apply):

☒ On the pile/in the pit

☐ Adjacent to the pile/pit

☐ Landfill

☐ Barges/loading piers

☐ Elsewhere south of Canal Street

☐ Other location – specify: [Click here to enter text](#)

☐ Don’t know

Comments (optional): [Click here to enter text](#)

Example 10 – Exposure form for physical health conditions - Responder with rhinitis, asthma, GERD, and adjustment disorder with depressed mood

7. Job/tasks performed (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Body bag work | <input type="checkbox"/> Industrial hygiene |
| <input type="checkbox"/> Bucket brigade | <input type="checkbox"/> Morgue work |
| <input type="checkbox"/> Cable installation/repair/splicing
(excluding work performed in manholes) | <input type="checkbox"/> Perimeter security |
| <input type="checkbox"/> Cable installation/repair/splicing
(including work performed in manholes) | <input type="checkbox"/> Sanitation worker |
| <input type="checkbox"/> Canteen services | <input type="checkbox"/> Search and rescue |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Sifting (excluding conveyor belt) |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Sifting (including conveyor belt) |
| <input type="checkbox"/> Dog handler | <input type="checkbox"/> Towing |
| <input type="checkbox"/> Dust suppression | <input type="checkbox"/> Truck loading/unloading |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Truck routing |
| <input type="checkbox"/> Escorting | <input checked="" type="checkbox"/> Torch cutting or burning |
| <input type="checkbox"/> Excavation/confined space work | <input type="checkbox"/> Work with concrete |
| <input type="checkbox"/> Fire fighter | <input type="checkbox"/> Other, specify: Enter text |

Comments (optional): He cut, welded, and torched steel beams, often in enclosed spaces. He wore gloves and a dust mask which had not been fit-tested. He reported that the disaster site was loud and dangerous, and he often had to take his mask off to communicate with others. As he cut steel, he would come across bodies and body parts. Firefighters removed them.

8. Did the responder work in any enclosed area(s) (e.g., subgrade levels like tunnels or basement, buildings) or in any area(s) not open to the general atmosphere? ☒ Yes ☐ No ☐ Don't know

If yes, select all that apply:

- ☒ Performed torch cutting or burning in any enclosed area(s)
- ☐ Worked near torch cutting or burning in any enclosed area(s)
- ☐ Performed concrete work in any enclosed area(s)
- ☐ Worked near concrete work in any enclosed area(s)
- ☐ Other - describe: [Click here to enter text](#)

Comments (optional): [Click here to enter text](#)

9. Where did the responder sleep during their dates of service?

- ☒ Always off-site
- ☐ Never off site
- ☐ Majority of time off-site but some on-site
- ☐ Majority on-site but some off-site

Comments (optional): [Click here to enter text](#)

10. Did the responder live, work (other than the response and recovery work noted above), or go to school in the New York City disaster area* during the 12 months after September 11, 2001?

- ☐ Yes ☒ No ☐ Don't know

Example 10 – Exposure form for physical health conditions - Responder with rhinitis, asthma, GERD, and adjustment disorder with depressed mood

*The ‘New York City disaster area’ means the area of Manhattan south of Houston Street; and any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site.

If yes, please provide the following information:

Dates	Activity (e.g., live, school, work) - if worked, describe job tasks	Location (e.g., south of Chambers Street, Canal Street, 14 th Street, or Houston Street in Manhattan; or western Brooklyn)
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text

11. Optional - Please use this space to provide additional comments for consideration.

[Click here to enter text](#)

Example 10 – Medical form for WTC-related health conditions - Responder with rhinitis, asthma, GERD, and adjustment disorder with depressed mood

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Specify the WTC-related health condition(s) under consideration:
Chronic rhinitis, asthma, and GERD
Adjustment disorder with depressed mood (WTC-associated condition)
2. What were the earliest symptoms of the disorder/disease and the temporal relationship to any pertinent WTC exposures?
Mr. Doe is a 37 y/o male who was a steel worker at the WTC disaster site. He started to experience rhinorrhea and nasal congestion the second day he was at the disaster site. He began to have heartburn and regurgitation in October 2001 and cough and shortness of breath in January 2002.
3. When (month/year) did these *symptoms* first begin?
9/2001 – rhinitis symptoms
10/2001 – reflux symptoms
1/2002 – asthma symptoms

☐ Check here if the date refers to a worsening course of a pre-existing condition
If checked, specify pre-existing condition: [Click here to enter text](#)
4. Date of the diagnosis:
5/2002 – chronic rhinitis and GERD
6/2002 – asthma
1/2012 – adjustment disorder with depressed mood
5. To support the exposure-disease linkage, describe the clinical presentation of this disorder/disease, including initial presentation, response to treatment, and patterns over time. For mental health conditions, indicate whether symptoms include thought content or flashbacks directly related to the September 11, 2001 terrorist attacks.

In October 2001, he started sneezing and had post-nasal drip. He took an over-the-counter decongestant which helped some. He also began to have heartburn and regurgitation three to four times a week. He took Tums and over-the-counter Pepcid, but his symptoms got worse. In January 2001, he started to cough; it would wake him up at night. He noticed shortness of breath walking up the two flights of stairs to his apartment. He had no history of rhinitis, hay fever, asthma, other lung problems, hypertension, heart disease, or GERD. He reports eczema since childhood. He was a U.S. Army combat soldier in the first Gulf war and saw dead bodies during combat. He suffered from depression when he returned home from the war. He was treated successfully with cognitive therapy and medication; he has been symptom free for 10 years. He has smoked since he was 17-years old, about a pack a day. He denies alcohol or substance abuse.

In May 2002, he went to his family doctor because he continued to have nasal, lower respiratory, and reflux symptoms. His doctor diagnosed him with rhinitis and GERD and started him on fluticasone nasal spray for his rhinitis and once daily omeprazole (20 mg) for his GERD. Spirometry showed reversible airways obstruction. In June 2002, he was diagnosed with asthma and started on albuterol as needed. In August 2002, he continued have nasal congestion and

Example 10 – Medical form for WTC-related health conditions - Responder with rhinitis, asthma, GERD, and adjustment disorder with depressed mood

postnasal drip as well as wheezing, cough, and shortness of breath. His doctor added azelastine nasal spray which resulted in good control of his rhinitis and started him on a low-dose inhaled corticosteroid (fluticasone DPI 100µg twice daily) for his asthma. In October 2007, he again started to have reflux symptoms; his doctor increased his omeprazole dose (40mg) which controlled his symptoms. In November 2010, his heartburn and regurgitation returned; his doctor increased his omeprazole to twice daily. However, his reflux symptoms persisted after two months of twice daily omeprazole. An EGD was negative for esophagitis and Barrett's esophagus. In December 2011, his asthma medication was stepped up to Advair 100/50 due to persistent asthma symptoms; the change helped considerably. In January 2012, he heard about the WTC health program and came in for evaluation. We recommend impedance/pH testing to see if acid reflux or non-acid reflux is found.

During the WTC monitoring exam, Mr. Doe was evaluated by a psychologist and diagnosed with adjustment disorder with depressed mood. He reported feeling depressed and worthlessness because of his chronic medical conditions which have resulted in a significant amount of missed work.

6. (Optional) - To further support the exposure-disease linkage, describe any underlying susceptibility factors (e.g., family history, other co-existing diseases) that may have affected this person's response to exposures from this disaster and possibly increased their risk for the medical conditions under consideration.

His history of atopic dermatitis may have increased his risk for chronic rhinitis and asthma. His history of cigarette smoking may have increased his risk for rhinitis, asthma, and GERD. His psychologist and I believe Mr. Doe's adjustment disorder with depressed mood have made control of his chronic asthma and GERD more difficult.

7. Please select your response to this statement:

Exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the condition(s) under consideration.

- ☒ Agree
☐ Disagree

(Optional) - To support the exposure-disease linkage, please explain your reasoning:
[Click here to enter text](#)

8. (Optional) - Please use this space to provide any additional comments that should be considered.
[Click here to enter text](#)

Example 11 – Narrative - Responder with WTC-associated diabetes mellitus, obesity, and adjustment disorder with mixed anxiety and depressed mood

Mr. Doe is a 54 y/o male who was a responder at the WTC disaster site. He has certified WTC-related interstitial lung disease which was diagnosed in March 2004. He was started on 60 mg prednisone daily for eight weeks with a reduction in symptoms, no progression of radiographic abnormalities, and stabilization of lung function. His prednisone was tapered to 20 mg daily. In 2008, he had increased short of breath with exertion and nonproductive cough. His cardiac evaluation was negative. He was put on 60 mg prednisone daily for eight weeks and tapered to 30 mg daily. In 2009, 2010, and 2011, he had periods of increased symptoms and was again on 60 mg prednisone daily for four to eight weeks. Currently, he is on 40 mg daily; lower doses resulted in a return of his symptoms.

In December 2010, he was diagnosed with obesity. Since 2004, he has gained 75 lbs due to the prednisone and decreased physical activity as a result of his progressive lung disease. His BMI has increased from 24 to 35 kg/m² with distribution of fat in his face, back of neck, and abdomen; his current waist circumference is greater than 40 inches. He has been to a registered dietician and counseled on weight loss which has been difficult. In February 2011, he was noted to have an impaired fasting glucose (120 mg/dl). In December 2011, he was diagnosed with Type 2 diabetes mellitus; he is on Metformin and followed in the diabetes clinic at our facility.

In September 2011, Mr. Doe was noted to be suffering from anxiety and a depressed mood due to his significant weight gain and physical limitations which have resulted in occupational and social limitations. He has no prior history of depression, anxiety, or substance abuse prior to his lung disease. He loves to play with his grandchildren but tires easily and is depressed about this. He currently is an accountant and often needs help getting boxes of paperwork to his car (due to dyspnea with exertion) which bothers him. In October 2011, he was evaluated by a psychologist who diagnosed him with adjustment disorder with mixed anxiety and depressed mood; the psychologist has recommended medication, counseling, and a support group.

Case 11 - Medical form for WTC-associated health conditions - Responder with WTC-associated diabetes mellitus, obesity, and adjustment disorder with mixed anxiety and depressed mood

Name of WTC Member: John S. Doe

WTCHP ID Number: 123456789

1. What is the associated health condition under consideration?

Type 2 diabetes mellitus

Obesity

Adjustment disorder with mixed anxiety and depressed mood

2. When (month/year) did the *symptoms* of this health condition first begin?

3/2004 - (Obesity) - gained 75 lbs since started on prednisone in March 2004

2/2011 - (Type 2 diabetes mellitus) - impaired fasting glucose (120 mg/dl)

9/2011 - (Adjustment disorder with mixed anxiety and depressed mood) - reported depressed mood and anxiety

☐ Check here if the date refers to a worsening course of a pre-existing condition
If checked, specify pre-existing condition: [Click here to enter text](#)

3. Date of the diagnosis:

12/2010 - Obesity

12/2011 - Type 2 diabetes mellitus

10/2011 - Adjustment disorder with mixed anxiety and depressed mood

4. What is the qualifying WTC-related health condition and the date of diagnosis of the qualifying medical condition?

Health condition: interstitial lung disease

Date of diagnosis: 3/2004

WTC certified? yes

5. Is the associated health condition under consideration a result of the treatment of the WTC-related health condition? ☒ Yes ☐ No

If yes, please explain:

Mr. Doe is a 54 y/o male who was a responder at the WTC disaster site. He has certified WTC-related interstitial lung disease which was diagnosed in March 2004. He was started on 60 mg prednisone daily for eight weeks with a reduction in symptoms, no progression of radiographic abnormalities, and stabilization of lung function. His prednisone was tapered to 20 mg daily. In 2008, he had increased short of breath with exertion and nonproductive cough. His cardiac evaluation was negative. He was put on 60 mg prednisone daily for eight weeks and tapered to 30 mg daily. In 2009, 2010, and 2011, he had periods of increased symptoms and was again on 60 mg prednisone daily for four to eight weeks. Currently, he is on 40 mg daily; lower doses resulted in a return of his symptoms.

In December 2010, he was diagnosed with obesity. Since 2004, he has gained 75 lbs due to the prednisone and decreased physical activity as a result of his progressive lung disease. His BMI has increased from 24 to 35 kg/m² with distribution of fat in his face, back of neck, and abdomen; his current waist circumference is greater than 40 inches. He has been to a registered dietician and counseled on weight loss which has been difficult. In February 2011, he was noted to have an impaired fasting glucose (120 mg/dl). In December 2011, he was diagnosed with Type 2 diabetes mellitus; he is on Metformin and

Case 11 - Medical form for WTC-associated health conditions - Responder with WTC-associated diabetes mellitus, obesity, and adjustment disorder with mixed anxiety and depressed mood

followed in the diabetes clinic at our facility.

In September 2011, Mr. Doe was noted to be suffering from anxiety and a depressed mood due to his significant weight gain and physical limitations which have which have resulted in occupational and social limitations. He has no prior history of depression, anxiety, or substance abuse prior to his lung disease. He loves to play with his grandchildren but tires easily and is depressed about this. He currently is an accountant and often needs help getting boxes of paperwork to his car (due to dyspnea with exertion) which bothers him. In October 2011, he was evaluated by a psychologist who diagnosed him with adjustment disorder with mixed anxiety and depressed mood; the psychologist has recommended medication, counseling, and a support group.

6. Is the associated health condition under consideration a result of disease progression of the WTC-related health condition? ☒ Yes ☐ No

If yes, please explain. For requests associating a mental health condition to a WTC-related physical health conditions(s), please explain the relationship with a pre-existing WTC-related health condition(s):

Please see explanation above

7. Are there other possible causes of the associated health condition?
☐ Yes ☒ None that I am aware of at this time

If yes, please explain: [Click here to enter text](#)

8. If needed, please use this space to provide any additional comments.
[Click here to enter text](#)

Example 12 - Narrative - Responder with COPD

Mr. John Doe is a 66-year old retired police officer. On 9/11, he was with the New York City police force and arrived at the WTC site just after the second plane impacted, and helped people to evacuate the towers. He was caught directly in the dust cloud when the first tower collapsed. He and an office worker were covered in debris and had to dig themselves out. On 9/11, he worked until 11 pm searching for victims. On the second day, he started to wear a fit-tested N-95 respirator. He sometimes removed it when searching in tight places. He worked daily until 9/18/2001. On average, he worked 14 hours a day. During this time, he was involved in search and rescue operations which included hand digging and participating in the bucket brigade.

He started to experience increased shortness of breath on the first day of work at Ground Zero, and his cough became more frequent, and his sputum turned yellow. Prior to 9/11, he had experienced mild dyspnea for a few years and at age 52 years had a spirometry test and was diagnosed with moderate COPD (FEV1 about 60% predicted after albuterol) in May 1998. He has smoked about a pack of cigarettes per day since age 17. In October 2011, he had an emergency room visit for worsening of his dyspnea during the prior two days. The physician noted that Mr. Doe was sitting in the tripod position, with lower chest retractions, and bilateral wheezing and rhonchi. After several breathing treatments, his FEV1 was 40% predicted. He was not hospitalized for that exacerbation, but despite smoking cessation during the past 12 months, he has experienced three more exacerbations requiring a week or two of prednisone and an antibiotic. Between exacerbations, while on a long-acting bronchodilator, his FEV1 is now 48% predicted.

I believe that Mr. Doe's Ground Zero exposures were substantially likely to be a factor in permanently aggravating his COPD which was diagnosed prior to 9/11/01.

.

Example 12 – Exposure form for physical health conditions - Responder with COPD

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Occupation just prior to September 11, 2001? Police officer

2. Dates of response and recovery service:

Start: 9/11/2001

Finish: 9/18/2001

Comments (optional): He worked 7 days.

3. Average hours per day: 14 hours

4. Estimate of total time engaged in response and recovery work:

7 days

Weeks weeks

Months months

Comments (optional): [Click here to enter text](#)

5. Was the responder in lower Manhattan (south of Canal Street) at anytime on September 11, 2001?

☒ Yes ☐ No

If yes – then review below:

☒ Directly in the cloud of dust (or “blackout”) from the collapse of the WTC buildings

☐ Exposed to significant amounts of dust but not directly in the cloud of dust from the collapse of the WTC buildings

☐ Exposed to some dust but not in the cloud of dust from the collapse of the WTC buildings

☐ Not exposed to dust and not in the cloud of dust from the collapse of the WTC buildings

☐ Don’t know

Comments (optional): He was caught directly in the dust cloud when the first tower collapsed. He and an office worker were covered in debris and had to dig themselves out. He worked until 11 pm on 9/11 searching for victims.

6. Location of work (select all that apply):

☒ On the pile/in the pit

☐ Adjacent to the pile/pit

☐ Landfill

☐ Barges/loading piers

☐ Elsewhere south of Canal Street

☐ Other location – specify: [Click here to enter text](#)

☐ Don’t know

Comments (optional): [Click here to enter text](#)

Example 12 – Exposure form for physical health conditions - Responder with COPD

7. Job/tasks performed (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Body bag work | <input type="checkbox"/> Industrial hygiene |
| <input checked="" type="checkbox"/> Bucket brigade | <input type="checkbox"/> Morgue work |
| <input type="checkbox"/> Cable installation/repair/splicing
(excluding work performed in manholes) | <input type="checkbox"/> Perimeter security |
| <input type="checkbox"/> Cable installation/repair/splicing
(including work performed in manholes) | <input type="checkbox"/> Sanitation worker |
| <input type="checkbox"/> Canteen services | <input checked="" type="checkbox"/> Search and rescue |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Sifting (excluding conveyor belt) |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Sifting (including conveyor belt) |
| <input type="checkbox"/> Dog handler | <input type="checkbox"/> Towing |
| <input type="checkbox"/> Dust suppression | <input type="checkbox"/> Truck loading/unloading |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Truck routing |
| <input type="checkbox"/> Escorting | <input type="checkbox"/> Torch cutting or burning |
| <input type="checkbox"/> Excavation/confined space work | <input type="checkbox"/> Work with concrete |
| <input type="checkbox"/> Fire fighter | <input checked="" type="checkbox"/> Other, specify: Hand digging |

Comments (optional): On the second day, he started to wear a fit-tested N-95 respirator. He sometimes removed it when searching in tight places.

8. Did the responder work in any enclosed area(s) (e.g., subgrade levels like tunnels or basement, buildings) or in any area(s) not open to the general atmosphere? ☐ Yes ☒ No ☐ Don't know

If yes, select all that apply:

- ☐ Performed torch cutting or burning in any enclosed area(s)
- ☐ Worked near torch cutting or burning in any enclosed area(s)
- ☐ Performed concrete work in any enclosed area(s)
- ☐ Worked near concrete work in any enclosed area(s)
- ☐ Other - describe: [Click here to enter text](#)

Comments (optional): [Click here to enter text](#)

9. Where did the responder sleep during their dates of service?

- ☒ Always off-site
- ☐ Never off site
- ☐ Majority of time off-site but some on-site
- ☐ Majority on-site but some off-site

Comments (optional): [Click here to enter text](#)

10. Did the responder live, work (other than the response and recovery work noted above), or go to school in the New York City disaster area* during the 12 months after September 11, 2001?

- ☐ Yes ☒ No ☐ Don't know

*The 'New York City disaster area' means the area of Manhattan south of Houston Street; and any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site.

Example 12 – Exposure form for physical health conditions - Responder with COPD

If yes, please provide the following information:

Dates	Activity (e.g., live, school, work) - if worked, describe job tasks	Location (e.g., south of Chambers Street, Canal Street, 14 th Street, or Houston Street in Manhattan; or western Brooklyn)
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text

11. Optional - Please use this space to provide additional comments for consideration.

[Click here to enter text](#)

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Specify the WTC-related health condition(s) under consideration: COPD
2. What were the earliest symptoms of the disorder/disease and the temporal relationship to any pertinent WTC exposures?
Mr. Doe is a 66-year old retired police. On 9/11, he was caught directly in the dust cloud when the first tower collapsed. He and an office worker were covered in debris and had to dig themselves out. Mr. Doe worked onsite for seven days and started to experience increased shortness of breath on the first day at Ground Zero, and his cough became more frequent, and his sputum turned yellow.
3. When (month/year) did these *symptoms* first begin?
9/2001

☒ Check here if the date refers to a worsening course of a pre-existing condition
If checked, specify pre-existing condition: COPD

4. Date of the diagnosis:
5/1998
5. To support the exposure-disease linkage, describe the clinical presentation of this disorder/disease, including initial presentation, response to treatment, and patterns over time. For mental health conditions, indicate whether symptoms include thought content or flashbacks directly related to the September 11, 2001 terrorist attacks.

Prior to 9/11/01, he had experienced mild dyspnea for a few years and at age 52 years had a spirometry test and was diagnosed with moderate COPD (FEV1 about 60% predicted after albuterol). He has smoked about a pack of cigarettes per day since age 17. In October 2011, he had an emergency room visit for worsening of his dyspnea during the prior two days. The physician noted that Mr. Doe was sitting in the tripod position, with lower chest retractions, and bilateral wheezing and rhonchi. After several breathing treatments, his FEV1 was 40% predicted. He was not hospitalized for that exacerbation, but despite smoking cessation during the past 12 months, he has experienced three more exacerbations requiring a week or two of prednisone and an antibiotic. Between exacerbations, while on a long-acting bronchodilator, his FEV1 is now 48% predicted.

6. (Optional) - To further support the exposure-disease linkage, describe any underlying susceptibility factors (e.g., family history, other co-existing diseases) that may have affected this person's response to exposures from this disaster and possibly increased their risk for the medical conditions under consideration.

[Click here to enter text](#)

7. Please select your response to this statement:

Exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the condition(s) under consideration.

- ☒ Agree
☐ Disagree

(Optional) - To support the exposure-disease linkage, please explain your reasoning:

I believe that Mr. Doe's Ground Zero exposures were substantially likely to be a factor in permanently aggravating his COPD which was diagnosed prior to 9/11/01.

8. (Optional) - Please use this space to provide any additional comments that should be considered.

[Click here to enter text](#)

Example 13 - Narrative - Responder with asthma

Mr. John Doe is a 46-year old male who volunteered at the WTC disaster site from 9/12/2001 until 10/16/2001. He worked about 8 hours a day, 6 days a week on the pile with the bucket brigade which included hand digging. The first day onsite, he started to wear a paper mask. He reported that it would get clogged with dust and dirt, and he would sometimes remove it so he could breathe better.

He has worked in construction since high school. He has never smoked, but reports hay fever and asthma since pre-school days. During a visit to his primary care provider in 1999, his asthma was classified as moderate persistent, but well-controlled on a low-dose ICS and LABA (Advair 110/50 BID). However, during the first week at the WTC disaster site, he started to experience shortness of breath, chest tightness, and wheezing. He had to use his rescue inhaler (albuterol) several times a day and at night. In early November 2001, he saw his physician because of worsening asthma symptoms. He was started on 10 days of oral prednisone, and his ICS dose was doubled. Over the next few years, he had several visits to emergency rooms and urgent care clinics because of asthma symptoms. His asthma is currently classified as severe persistent, but relatively well-controlled on Advair 500/50 BID with treatment of his allergic rhinitis and avoidance of asthma triggers (such as cats).

I believe that Mr. Doe's WTC-exposures were substantially likely to be a factor aggravating his pre-existing asthma, making it more difficult to control during the past several years.

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Occupation just prior to September 11, 2001? Steel worker

2. Dates of response and recovery service:

Start: 9/12/2001

Finish: 10/16/2001

Comments (optional): He worked 6 days a week.

3. Average hours per day: 8 hours

4. Estimate of total time engaged in response and recovery work:

Days days

Weeks weeks

1 month

Comments (optional): [Click here to enter text](#)

5. Was the responder in lower Manhattan (south of Canal Street) at anytime on September 11, 2001?

☐ Yes ☒ No

If yes – then review below:

☐ Directly in the cloud of dust (or “blackout”) from the collapse of the WTC buildings

☐ Exposed to significant amounts of dust but not directly in the cloud of dust from the collapse of the WTC buildings

☐ Exposed to some dust but not in the cloud of dust from the collapse of the WTC buildings

☐ Not exposed to dust and not in the cloud of dust from the collapse of the WTC buildings

☐ Don’t know

Comments (optional): [Click here to enter text](#)

6. Location of work (select all that apply):

☒ On the pile/in the pit

☐ Adjacent to the pile/pit

☐ Landfill

☐ Barges/loading piers

☐ Elsewhere south of Canal Street

☐ Other location – specify: [Click here to enter text](#)

☐ Don’t know

Comments (optional): [Click here to enter text](#)

Example 13 – Exposure form for physical health conditions - Responder with asthma

7. Job/tasks performed (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Body bag work | <input type="checkbox"/> Industrial hygiene |
| <input checked="" type="checkbox"/> Bucket brigade | <input type="checkbox"/> Morgue work |
| <input type="checkbox"/> Cable installation/repair/splicing
(excluding work performed in manholes) | <input type="checkbox"/> Perimeter security |
| <input type="checkbox"/> Cable installation/repair/splicing
(including work performed in manholes) | <input type="checkbox"/> Sanitation worker |
| <input type="checkbox"/> Canteen services | <input type="checkbox"/> Search and rescue |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Sifting (excluding conveyor belt) |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Sifting (including conveyor belt) |
| <input type="checkbox"/> Dog handler | <input type="checkbox"/> Towing |
| <input type="checkbox"/> Dust suppression | <input type="checkbox"/> Truck loading/unloading |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Truck routing |
| <input type="checkbox"/> Escorting | <input type="checkbox"/> Torch cutting or burning |
| <input type="checkbox"/> Excavation/confined space work | <input type="checkbox"/> Work with concrete |
| <input type="checkbox"/> Fire fighter | <input checked="" type="checkbox"/> Other, specify: hand digging |

Comments (optional): The first day onsite, he started to wear a paper mask. He reported that it would get clogged with dust and dirt, and he would sometimes remove it so he could breathe better.

8. Did the responder work in any enclosed area(s) (e.g., subgrade levels like tunnels or basement, buildings) or in any area(s) not open to the general atmosphere? ☐ Yes ☒ No ☐ Don't know

If yes, select all that apply:

- ☐ Performed torch cutting or burning in any enclosed area(s)
- ☐ Worked near torch cutting or burning in any enclosed area(s)
- ☐ Performed concrete work in any enclosed area(s)
- ☐ Worked near concrete work in any enclosed area(s)
- ☐ Other - describe: [Click here to enter text](#)

Comments (optional): [Click here to enter text](#)

9. Where did the responder sleep during their dates of service?

- ☒ Always off-site
- ☐ Never off site
- ☐ Majority of time off-site but some on-site
- ☐ Majority on-site but some off-site

Comments (optional): [Click here to enter text](#)

10. Did the responder live, work (other than the response and recovery work noted above), or go to school in the New York City disaster area* during the 12 months after September 11, 2001?

- ☐ Yes ☒ No ☐ Don't know

*The 'New York City disaster area' means the area of Manhattan south of Houston Street; and any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site.

Example 13 – Exposure form for physical health conditions - Responder with asthma

If yes, please provide the following information:

Dates	Activity (e.g., live, school, work) - if worked, describe job tasks	Location (e.g., south of Chambers Street, Canal Street, 14 th Street, or Houston Street in Manhattan; or western Brooklyn)
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text

11. Optional - Please use this space to provide additional comments for consideration.

[Click here to enter text](#)

Name of WTCHP Member: John S. Doe

WTCHP ID Number: 123456789

1. Specify the WTC-related health condition(s) under consideration: Asthma
2. What were the earliest symptoms of the disorder/disease and the temporal relationship to any pertinent WTC exposures?
Mr. Doe is a 46 year old male who volunteered at the WTC disaster site for about one month starting on 9/12/2001. During the first week at the WTC disaster site, he started to experience shortness of breath, chest tightness, and wheezing.
3. When (month/year) did these *symptoms* first begin?
9/2001

☒ Check here if the date refers to a worsening course of a pre-existing condition
If checked, specify pre-existing condition: asthma

4. Date of the diagnosis:
Preexisting asthma since childhood
5. To support the exposure-disease linkage, describe the clinical presentation of this disorder/disease, including initial presentation, response to treatment, and patterns over time. For mental health conditions, indicate whether symptoms include thought content or flashbacks directly related to the September 11, 2001 terrorist attacks.

Mr. Doe has worked in construction since high school. He has never smoked, but reports hay fever and asthma since pre-school days. During a visit to his primary care provider in 1999, his asthma was classified as moderate persistent, but well-controlled on a low-dose ICS and LABA (Advair 110/50 BID). However, during the first week at the WTC disaster site, he started to experience shortness of breath, chest tightness, and wheezing. He had to use his rescue inhaler (albuterol) several times a day and at night. In early November 2001, he saw his physician because of worsening asthma symptoms. He was started on 10 days of oral prednisone, and his ICS dose was doubled. Over the next few years, he had several visits to emergency rooms and urgent care clinics because of asthma symptoms. His asthma is currently classified as severe persistent, but relatively well-controlled on Advair 500/50 BID with treatment of his allergic rhinitis and avoidance of asthma triggers (such as cats).

6. (Optional) - To further support the exposure-disease linkage, describe any underlying susceptibility factors (e.g., family history, other co-existing diseases) that may have affected this person's response to exposures from this disaster and possibly increased their risk for the medical conditions under consideration.
Preexisting asthma and allergic rhinitis

7. Please select your response to this statement:

Exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the condition(s) under consideration.

- ☒ Agree
☐ Disagree

(Optional) - To support the exposure-disease linkage, please explain your reasoning:

I believe that Mr. Doe's WTC-exposures were substantially likely to be a factor aggravating his pre-existing asthma, making it more difficult to control during the past several years.

8. (Optional) - Please use this space to provide any additional comments that should be considered.

[Click here to enter text](#)

Appendix A – Guidance for the Directors of Clinical Centers of Excellence: Physician’s Determination that a Condition is WTC-Exposure Related

The Zadroga Act requires an experienced Clinical Center of Excellence (CCE) physician to make a determination that a World Trade Center (WTC) Health Program member’s 9/11 exposure is related to a condition covered by the Act:

[The physician must determine]...that the responder has a WTC-related health condition that is in the list in [42 U.S.C. § 300mm-22(a)(3)] and that exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks is *substantially likely* to be a *significant factor* in *aggravating, contributing to, or causing* the condition....

42 U.S.C. § 300mm-22(b)(1)(A) (emphasis added); applied to survivors by the WTC Program Administrator as allowed by 42 U.S.C. § 300mm-31(a)(2)(B)(i).

In order to assist CCE physicians with making this determination, the WTC Health Program (WTCHP) offers the following guidance:

I. “Substantially likely”

This speaks to a degree of certainty. For the purposes of the WTCHP, “substantially likely” means more likely than not or a probability greater than 50%.

II. “Significant Factor”

Requires the CCE physician to consider all possible factors that may have played a role in aggravating, contributing to, or causing the condition. This is an assessment of whether WTC exposures¹ played a relatively important role when compared to other potential factors, such as exposures from lifestyle, hobbies, and non-WTC work.

The physician’s significant factor analysis may also include consideration of personal susceptibility factors, such as personal and family medical history that may make it easier for a person to become ill from WTC exposures. These personal susceptibility factors weigh in favor of an individual meeting the Zadroga Act exposure standard. Factors may include biological, social and lifestyle factors. The factors may be evaluated through a set of questions designed to assess susceptibility, exposure, time-relatedness, biological plausibility, and possible unrelated causes:

1. Susceptibility. This refers to the WTC Responder’s or Survivor’s capacity to become affected by exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks. The following may be considered in evaluating individual susceptibility:
 - (a) The degree to which the WTC Responder’s or Survivor’s personal or family history may affect his/her response to exposures resulting from the September 11, 2001, terrorist attacks.

¹“WTC exposure” refers to exposure to airborne toxins, other hazards, or adverse conditions.

- (b) The degree to which the WTC Responder’s or Survivor’s coexisting medical problems impact his/her immunity (immune status) or efficiency of organ function related to exposures resulting from the September 11, 2001, terrorist attacks.
2. Exposure. Exposure is a function of the (a) hazardous agent(s) and its physicochemical properties, (b) routes of exposure, (c) duration of exposure (e.g., days, weeks, months), (d) the pattern of exposure; (e) intensity of exposure (e.g., concentration), and (f) work/rest cycle (which affects clearance from the body and stress levels). Exposure as used by the WTC Health Program requires an assessment of these factors. The following may be considered in evaluating exposure:
- (a) *Hazardous agent(s) and physiochemical properties*. Because there is insufficient evidence from environmental sampling at WTC sites to estimate many individuals’ exposures, particularly in the first couple of weeks after the attacks, alternate approaches to identifying hazardous agents to which individuals were exposed may be employed. These approaches may include the use of surrogates for exposure, such as: dates of service/presence onsite, whether the individual was caught in the dust cloud from the collapse of the WTC towers, proximity to the smoldering debris pile fires, and the nature of the task being performed and any additional hazards which may have been introduced by that task. The nature of the hazard must also be considered, that is, whether the adverse effects result from acute or cumulative exposure. When exposed to mixtures, the interactions of hazardous agents (e.g., additivity, synergy, and antagonism) should also be considered.
 - (b) *Routes of exposure*. Information regarding exposure pathways is important in understanding whether and how an agent may reach sensitive organs, tissues, or biomolecules. The routes of exposure may include inhalation, ingestion, dermal absorption or otherwise through the senses (e.g., hearing, taste, sight, and smell).
 - (c) *Duration of exposure*. This can be assessed by looking at the length of deployment to the WTC disaster sites (number of days, weeks, months)
 - (d) *Pattern of exposure*. This refers to whether the exposures were short-term, intermittent, or continuous.
 - (e) *Intensity of exposure*. This refers to the magnitude of the exposure (e.g., the concentrations) and may be described by addressing the following exposure factors:
 - i. Characteristics of the geographic area, such as proximity to WTC-disaster area at time of exposure; plume of the dust cloud.
 - ii. The degree to which the WTC Responder’s or Survivor’s physical workload affects the dose of exposure (e.g., increase in dose of airborne

hazards by breathing harder).

- iii. Whether Personal Protective Equipment (PPE) was available and used properly.
- iv. Direct injury from falling debris, sharps, or heavy lifting, trips/falls, dangerous equipment, noise.
- v. For mental health conditions:
 - 1. Nature of individual’s psychological response to the incident.
 - 2. Exposure to traumatic events (such as witnessing people jumping from towers); traumatic death of colleagues; body recovery.
 - 3. Problems coping with challenges imposed by WTC-related health problems of a physical nature that have resulted in comorbid mental health problems.

(f) *Work/rest cycle*. The length of the work/rest cycle may affect cumulative fatigue and stress, and the body’s ability to eliminate toxins (toxicokinetics).

3. Time-relatedness. What is the timeline regarding exposure, symptom onset, symptom intensity, or detection of clinical abnormality? The following may be considered in evaluating time-relatedness:

- a) Did the exposure occur before symptom onset or lead to worsening of a pre-existing condition?
- b) Do symptoms follow a time course consistent with the natural history of a condition?
- c) What is the latency period associated with the condition (has enough time elapsed for genetic or subcellular changes to lead to clinical disease)?

4. Biological plausibility. Is the relationship between the WTC exposures and the health outcome consistent with existing biological and medical knowledge?

5. Other, unrelated possible causes of disease. How do considerations that certain conditions are multifactorial and/or are more likely to occur with age weigh in the diagnosis and determination of the physician?

III. “Aggravating, Contributing to, or Causing”

1. Aggravating: As used in the WTC Health Program, is defined in the Zadroga Act as “requires medical treatment that is (or will be) in addition to, more frequent than, or of longer duration than the medical treatment that would have been required for such a condition in the absence of such exposure.” 42 U.S.C. § 300mm-5(1).

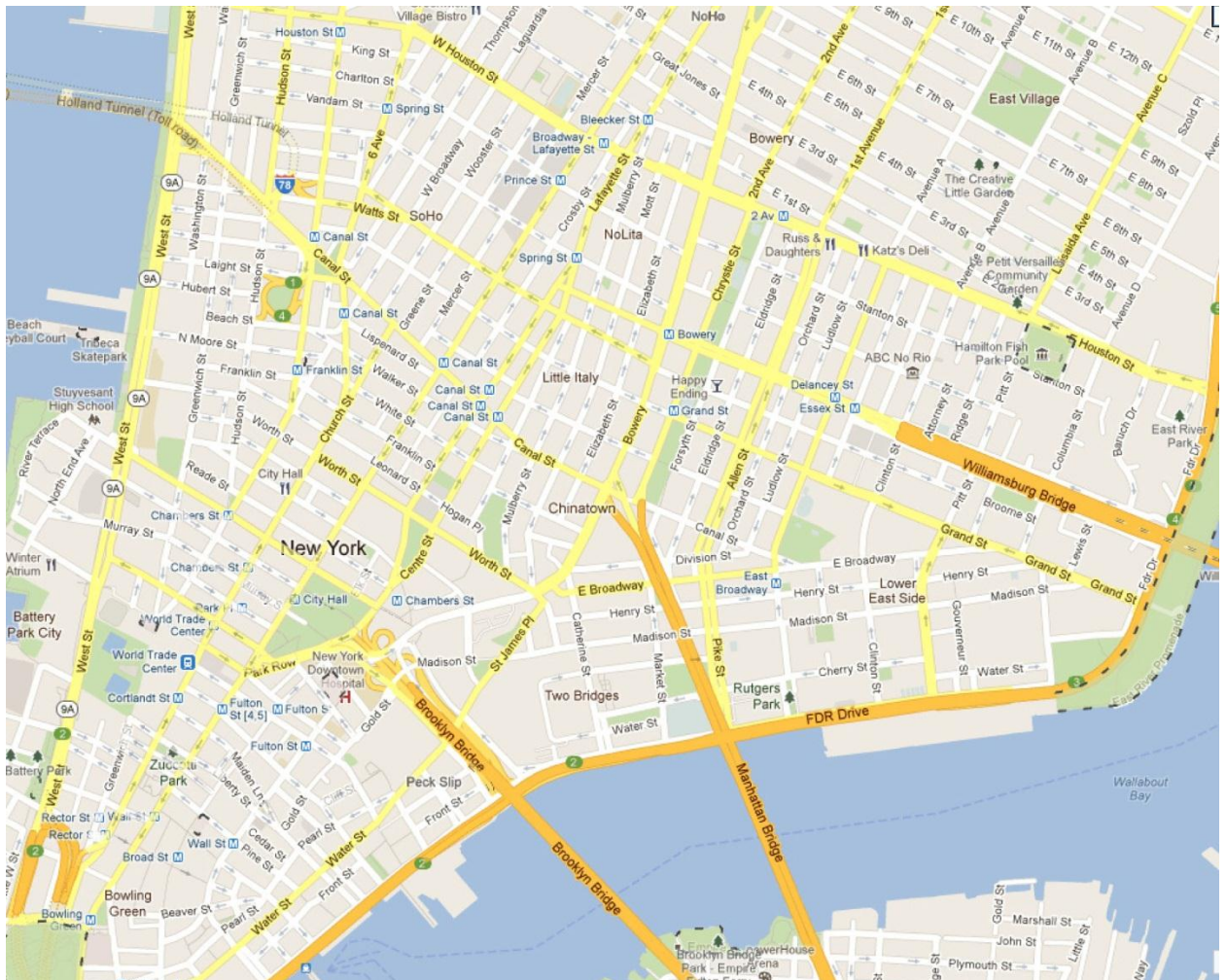
1. Contributing to: As used by the WTCHP, this phrase means that WTC exposure played an important role in the manifestation of disease.

3. Causing: Medical causation means the WTC exposures were a causative factor in the manifestation of disease. In other words, the exposure itself caused biological changes leading to clinical disease.

Appendix B – Maps of lower Manhattan



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