



Lab ID #

The purpose of this questionnaire is for you to provide some information about your/your child's potential exposure to PFAS through use of town water in the Svensson Heights PFAS Investigation Area. This will also assist your family doctor when discussing whether or not to undertake a blood test for PFAS. Blood testing is being offered only to those who live, work or attend school in the Svensson Heights area (see Council map), or who have done so **in the past for at least 3 months over the past 3 years**, because the drinking water guideline is based on continual exposure for 70 years. Everyday exposures from other sources will influence test results.

With your permission, the information will be provided to the Wide Bay Public Health Unit. This would be very helpful in enabling the Unit to monitor the issue and assess public health risk. For more information on the Svensson Heights PFAS Investigation, go to the Bundaberg Regional Council website at www.bundaberg.qld.gov.au. For questions about PFAS and health, you can also contact your GP or call 13Health (13 43 25 84).

Please complete this questionnaire at your GP's when you attend to discuss voluntary blood testing. Please complete one questionnaire per person being tested. If you decide to undertake blood testing and are eligible, please take this completed form plus a signed pathology request form from your GP to Bundaberg Hospital Pathology Department (see "How do I get a Blood test" information sheet for directions).

Surname:		First Name:	
If blood test is for a child, please tick and provide name below: <input type="checkbox"/>			
Child's Surname:		First Name:	
Now complete this questionnaire for you or your child (a form for each person is required).			
Home Phone:		Mobile Phone:	
Email:		Age of person being tested:	
Current Residential Address:			
Current Work / School /Childcare address <i>only if</i> within Svensson Heights:			
If you no longer live or work in Svensson Heights, but lived there previously or attended school/work in Svensson Heights for at least 3 months in the past 3 years:			
Previous home/work/childcare or school address in Svensson Heights			Date commenced:
			Date ceased:



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Describe your/your child's use of town water in the Svensson Heights PFAS Investigation Area (tick all that apply):

<input type="checkbox"/> All water use at home	<input type="checkbox"/> Drinking water at school
<input type="checkbox"/> Drinking water at child care	<input type="checkbox"/> Drinking water at workplace

How many months or years in total has the person being tested lived/worked/attended school within the Svensson Heights PFAS Investigation Area? (please answer all that apply)	Lived: Worked: Attended school:
Have you ever worked in the Defence Force or in firefighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
For those who live/d in the Svensson Heights PFAS Investigation Area:	
What is your main source of drinking water? (tick only one)	<input type="checkbox"/> Town supply <input type="checkbox"/> Tank <input type="checkbox"/> Bottled water
Do you/your child eat vegetables grown on the property using town water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use town water for your own chickens/ducks/geese?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please tick as appropriate:

- I agree to the results of my/my child's blood test being shared with the Wide Bay Public Health Unit for collation and reporting of de-identified summary information only.
- I agree to being contacted by the Wide Bay Public Health Unit if further information is required.

My preference is:	<input type="checkbox"/> phone <input type="checkbox"/> email
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I understand that this completed questionnaire is being provided to WBPHU for the purposes of managing the community blood testing program and assessing risk.

Signature:	
Date:	