
(Date)

ASBESTOS SCREENING FORM

Plumbers & Steamfitters Local No. 7 Welfare Fund
in association with
O E H C—Occupational & Environmental Health Center Of Eastern NY

MEMBER INFORMATION

Name: _____
SS: _____
Address: _____

OEHC: Occupational & Environmental Health Center of Eastern NY
1873 Western Avenue
Albany, NY 12203
Contact: Donna Harrington
(518) 690-4420 Ext. 209

APPOINTMENTS: (518) 690-4420 Ext. 0

APPOINTMENT SCHEDULE

Date: _____

Time: _____

THIS FORM MUST ACCOMPANY YOU TO THE EXAM

I hereby confirm my participation in the Asbestos Screening Examination performed at
O E H C : Occupational & Environmental Health Center of NY

(Member's Signature)

**Patient Responsible for Payment of Services
Not Included in this Screening Exam**