

**CAUT NATIONAL ASBESTOS-RELATED DISEASES DATA FORM**

Database Number \_\_\_\_\_

Consent: CAUT Member \_\_\_\_\_ Family \_\_\_\_\_ (attach)

**PART 1**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Current or Last University/College \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Date of Retirement: \_\_\_\_\_

Years in dept / bldg: \_\_\_\_\_

Transfer (s) to other dept / bldg: \_\_\_\_\_

Years in other dept / bldg: \_\_\_\_\_

Previous University/College \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Years in dept / bldg: \_\_\_\_\_

Transfer(s) to other dept / bldg: \_\_\_\_\_

Years in other dept / bldg: \_\_\_\_\_

**(Please note each additional university / college employment on reverse side of page)**

**PART 2**

Known exposure to asbestos?

Year: \_\_\_\_\_

University/College \_\_\_\_\_

Please check one: construction  **OR** renovation

Know asbestos-related disease? \_\_\_\_\_

Date diagnosed: \_\_\_\_\_

Type: **(please check one)**

•Mesothelioma: lung

peritonmeum

•Asbestosis

•Lung Cancer

•Pleural Plaque

Treatment: Yes  **OR** No

WCB Claim: Yes  **OR** No

Claim accepted: Yes  **OR** No

**PART 3**

If individual is deceased:

Date of Death: \_\_\_\_\_

Cause of Death listed on Death Certificate: \_\_\_\_\_

Asbestos-related disease in family members: No   
Yes  child / spouse / other  
**(please circle one)**