

Canton City Cancer Concerns Reporting Form – Self reporting of cases

This form has been developed to meet the needs of Canton City residents who are expressing concerns about a perceived increase in cancer cases in a predetermined geographical area or over a specific span of time. The following form is modeled after the Ohio Community Cancer Concerns Reporting Form found in the Ohio Community Cancer Concerns Response Protocol. Information collected on this form is considered private health information and is protected under HIPPA. Please provide as much detail as possible in regards to cancer diagnoses, site/type, etc.

NAME:		DATE OF BIRTH:	
CURRENT ADDRESS:		GENDER:	
		RACE	
		ETHNICITY:	
Length of time at this address:			
PHONE:		Alternate phone:	
EMAIL:		<input type="checkbox"/> Check here if okay to contact you for follow-up	
Please record any diagnoses of cancer here. Start with the most recent, back to 2005:			
Cancer History 1			
Residence at diagnosis:		Length of time at this address:	
Cancer site /type (please be as specific as possible):			
Date of Diagnosis:		Outcome:	
Cancer History 2			
Residence at diagnosis:		Length of time at this address:	
Cancer site /type (please be as specific as possible):			
Date of Diagnosis:		Outcome:	
Cancer History 3			
Residence at diagnosis:		Length of time at this address:	
Cancer site /type (please be as specific as possible):			
Date of Diagnosis:		Outcome:	

This form should be returned to Amanda Archer – Epidemiologist at the Canton City Health Department, by **May 1, 2017**. 420 Market Ave N, Canton Ohio 44702 or call 330.489.3327 to arrange pickup.
PLEASE DO NOT EMAIL THE FORM, AS WE CAN NOT GUARANTEE CONFIDENTIALITY THROUGH EMAIL.