

Do not write here: _____
[Office use only] NAME OF THE PERSON TO BE REGISTERED

COLLECTION OF DATA

Class action lawsuit – Shannon

YOUR NAME : _____

YOUR DATE OF BIRTH : ____/____/____
DAY / MONTH / YEAR

YOUR ADDRESS : _____ TEL : _____

ARE YOU FILING FOR YOU PERSONALLY: YES NO

IF YOU HAVE ANSWERED **NO**, INDICATE THE NAME OF THE PERSON REPRESENTED::

HERE : _____ HIS/HER DATE OF BIRTH : ____/____/____
DAY / MONTH / YEAR

HIS/HER CURRENT ADDRESS OR HIS/HER LAST ADDRESS : _____ TEL. : _____

IF IT IS FOR A **DECEASED PERSON**, ENTER HIS/HER DATE OF DEATH : ____/____/____
DAY / MONTH / YEAR

NAME OF OTHER PERSON TO CONTACT IN CASE OF NEED :

NAME : _____ ADDRESS : _____

TEL. : ____/____/____ HIS/HER RELATION WITH YOU : _____

HEALTH STATUS OF THE PERSON TO REGISTER

MEDICAL INSURANCE # : _____ (OR EQUIVALENCE) : _____

DESCRIBE ANY CURRENT HEALTH PROBLEMS (IF APPLICABLE):

[EXAMPLES : HEADACHE, DIZZINESS, DROWSINESS, NAUSEA, VOMITING, DIARRHEA, CONSTIPATION, HEART PROBLEMS, INFECTIONS, ALLERGIES, ASTHMA, IRRITATION, DERMATITIS, BRONCHITIS, ETC.]

DESCRIBE ANY PRIOR HEALTH PROBLEMS (IF APPLICABLE):

IS THERE OR WAS THERE A DIAGNOSIS OF CANCER, PRE-CANCER OR BENIGN TUMOR – IF YES, PLEASE SPECIFY TYPE, THE YEAR OF DIAGNOSIS AND HOSPITAL, CLINIC OR THE DOCTOR CONSULTED:

TYPE OF CANCER: _____ THE YEAR OF DIAGNOSIS : _____ HOSPITAL, CLINIC OR THE DOCTOR CONSULTED: _____

IS THERE ANY KNOWN FAMILY HISTORY

[INSERT THE NAME OF THE DISEASE, THE PERSON AFFECTED AND HIS/HER RELATIONSHIP WITH YOU]

PREVIOUS ADDRESSES FOR THE PERSON REGISTERING

[NOT LIMITED TO SHANNON - STARTING WITH THE MOST RECENT]

ADDRESS :	FROM _____ to _____
ADDRESS :	FROM _____ to _____
ADDRESS :	FROM _____ to _____
ADDRESS :	FROM _____ to _____
ADDRESS :	FROM _____ to _____

LIVING HABITS OF THE PERSON TO REGISTER

CHECK IF SMOKER : IF YES -- SINCE WHEN : _____

CHECK IF ALCOHOL CONSUMPTION : IF YES -- SINCE WHEN : _____

QUANTITY : _____ GLASSES PER: _____

COMMENTS

SIGNED IN _____, ON THE _____ 2012

Signature of the member of the group

Personal or for :

Register the name of the person represented

Attorney's signature

CHARLES VEILLEUX & ASSOCIÉS, AVOCATS s.e.n.c.r.l.