



Phone: 470-355-0930

Fax: 470-355-0968

Address: 236 Forsyth Street SW

Suite 203 B Atlanta Ga 30303

## **Class Action Lawsuit:** **Rockdale County BioLab Exposure Form**

### **BACKGROUND INFORMATION**

Full Name: \_\_\_\_\_  
First Middle Last

Other names known by (including maiden name): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status (Check One):

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed/Widower

Spouse's Name: \_\_\_\_\_  
First Middle Last

### **INCIDENT INFORMATION**

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ County: \_\_\_\_\_

Have you sought medical treatment for your injuries? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Date of Admission: \_\_\_\_\_

Describe the Symptoms are you experiencing? \_\_\_\_\_

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