



Carson Connected, Inc.

An Organization of Volunteers Devoted to Nurturing Our Communities!

Name _____

Address _____

Phone _____

Email _____

☐ Check box if you would like your personal information kept anonymous.

Please fill out one form for each person affected.

Diseases/Symptoms

- | | | |
|--|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Chest constriction | <input type="checkbox"/> Increased Blood Pressure |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Confusion | <input type="checkbox"/> Inflammation of the Lungs |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Congestion and hemorrhage of lungs | <input type="checkbox"/> Involuntary eye movements |
| <input type="checkbox"/> Bone Cancer | <input type="checkbox"/> Constriction and necrosis of myocardial fibers | <input type="checkbox"/> Irregular menstrual periods |
| <input type="checkbox"/> Brain Cancer | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Irritation of the eyes |
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Death | <input type="checkbox"/> Irritation of the stomach |
| <input type="checkbox"/> Cardiac Arrhythmia | <input type="checkbox"/> Decreased in red blood cells Leading to anemia | <input type="checkbox"/> Irritation of the upper respiratory tract |
| <input type="checkbox"/> Chronic Bronchitis | <input type="checkbox"/> Decrease in the size of ovaries | <input type="checkbox"/> Labored breathing |
| <input type="checkbox"/> Chronic Emphysema | <input type="checkbox"/> Disturbances in Menstrual Cycle | <input type="checkbox"/> Muscle Damage |
| <input type="checkbox"/> Cleft Palate | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Narcosis |
| <input type="checkbox"/> Gastrointestinal Disorder | <input type="checkbox"/> Drowsiness | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Inactive Tuberculosis | <input type="checkbox"/> Excessive bleeding Affect the immune system | <input type="checkbox"/> Neurological effects such as headache |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Numerical ability |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Harmful effects on the bone marrow | <input type="checkbox"/> Nystagmus |
| <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Headaches | <input type="checkbox"/> Performance decrements |
| <input type="checkbox"/> Lung Cancer | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Rapid or irregular heartbeat |
| <input type="checkbox"/> Lymphoma | <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Respiratory distress |
| <input type="checkbox"/> Myeloma | <input type="checkbox"/> Impaired hearing | <input type="checkbox"/> Ringing in the ear |
| <input type="checkbox"/> Myopathy | <input type="checkbox"/> Impaired pulmonary function | <input type="checkbox"/> Severe chest pain |
| <input type="checkbox"/> Ocular Conjunctivitis | <input type="checkbox"/> Impaired reaction time | <input type="checkbox"/> Skin Rash |
| <input type="checkbox"/> Pleural Adhesions | <input type="checkbox"/> Impaired short-term memory | <input type="checkbox"/> Skin irritation and dryness and scaling of the skin |
| <input type="checkbox"/> Premature Births | <input type="checkbox"/> Impaired speech | <input type="checkbox"/> Sleepiness |
| <input type="checkbox"/> Spontaneous Abortions | <input type="checkbox"/> Impaired vision | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Tinnitus | <input type="checkbox"/> Inability to concentrate | <input type="checkbox"/> Swollen liver |
| <input type="checkbox"/> Tubular Kidney Necrosis | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Abnormal EKG | | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Alterations in equilibrium and body balance | | <input type="checkbox"/> Unconsciousness |
| <input type="checkbox"/> Alterations in Pulmonary Function | | |
| <input type="checkbox"/> Anxiety | | |
| <input type="checkbox"/> Central Nervous system dysfunction | | |
| <input type="checkbox"/> Cerebral atrophy | | |

If you are suffering from an illness not listed, please tell us about it.

Property Damage

New cracks in foundation, sidewalks and/or streets
Flooding cause not determined
Plumbing issues burst pipe, flooding, backing up
Liquid leaking on your property

Additional information you feel is pertinent to the contamination here in Carson.

Complete form and email to lnoflin@carsoncaconnected.org, or

Fax to: 424 338-6308, or

Call all and 310 496-7501 to leave a detailed a message with your answers, or

Mail: Carson Connected
P.O. Box5503
Carson, CA 90749