

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>

BACKGROUND INFORMATION FOR THE JINKANPO INCINERATOR STUDY

An air quality survey was conducted at Naval Air Facility, Atsugi, Japan to determine the health risks from the emissions of an off-base incinerator. The incinerator commenced operations in 1985. The survey report, dated 1 November 1995, listed 12 emissions that exceeded EPA or New York State ambient air quality standards: sulfur dioxide (3740 ug/m3), nitrogen dioxide (5240 ug/m3), hydrochloric acid (1020 ug/m3), carbon tetrachloride (7.82 ug/m3), benzene (64 ug/m3), dioxins (0.00032 ug/m3), cadmium (0.64 ug/m3), mercury (4 ug/m3), nickel (0.97 ug/m3), chromium (0.17 ug/m3), arsenic (0.21 ug/m3), and respirable particulates (565 ug/m3). Using Risk Based Concentrations, the average cancer risk for people living on base for three years was calculated, resulting in 40 additional cancer cases per million people for adults and 110 additional cases for children. The chemicals associated with the elevated cancer risk included: benzene, methylene chloride, chloroform, dioxins, and trichloroethylene. The chemicals driving the non-carcinogenic health risk were trimethylbenzenes and chromium (III). This form was distributed starting 1 March 1996 and is intended to document the ambient air levels for persons who lived and worked on base. This form was reviewed by the Bureau of Medicine and Surgery and **CANNOT BE REMOVED FROM THE HEALTH RECORD**. If there are any questions regarding this form, please contact the U.S. Naval Hospital Branch Medical Clinic, Atsugi, Japan, at DSN: 264-3610.

PLEASE COMPLETE THE FOLLOWING BY FILLING IN THE BLANKS OR CIRCLING THE CORRECT RESPONSE.

Name: _____ Age: _____ Today's Date: _____
 Mailing Address: _____ APO/FPO AP Zip _____

A. Information concerning your arrival in Japan and Atsugi.

When did you arrive in Japan? (MO/YR): _____ In Atsugi? (MO/YR) _____

B. Information concerning your residence.

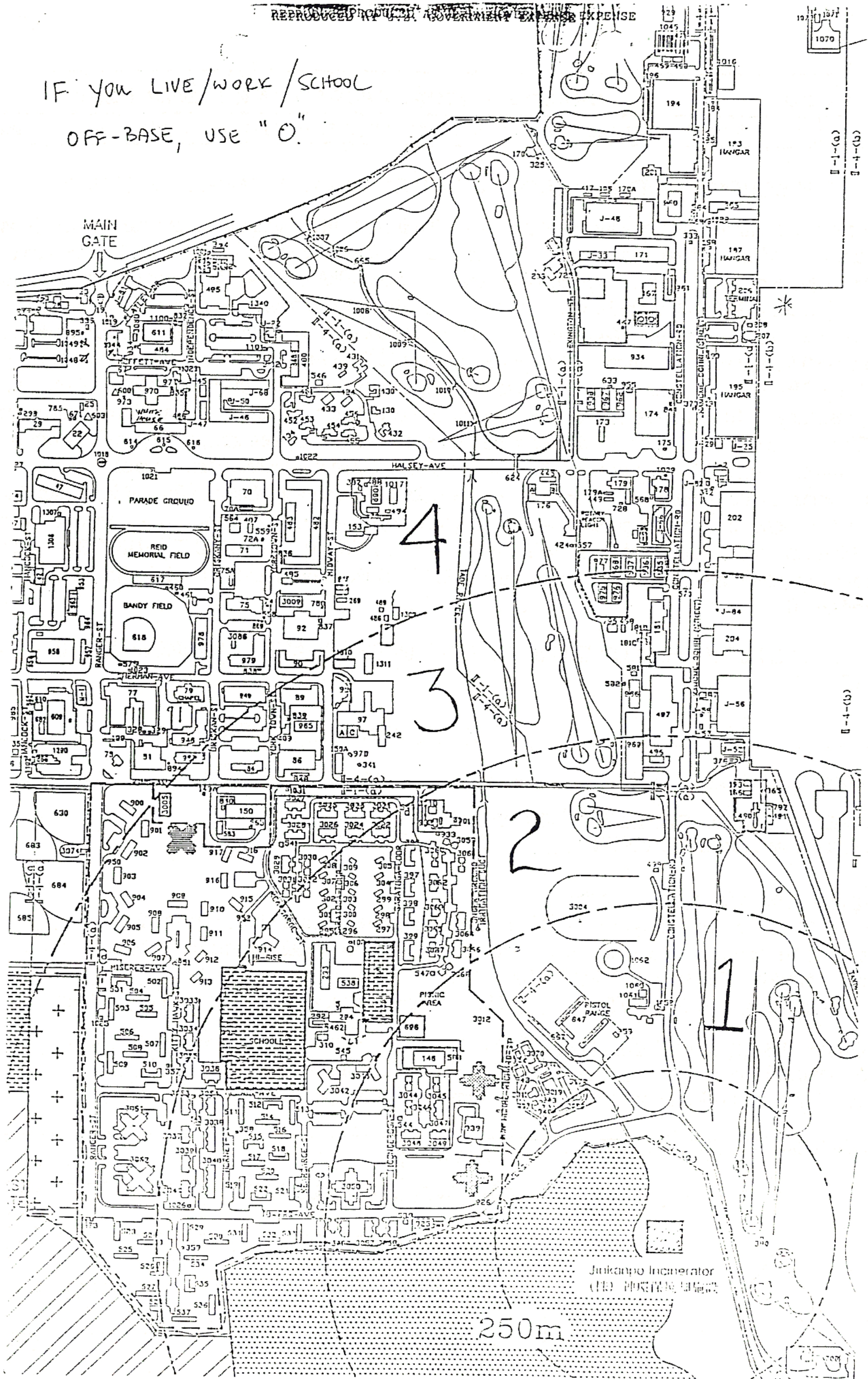
Residence location: On-base <Yes><No>? If yes, please indicate the grid number from the map: _____
 (Grid numbers correspond with the map on the back of this form and represent the distance in meters from the incinerator: 1- 500M; 2-750M; 3-1000M; 4->1000M, O-off-base)
 When did you move on-base?(MO/YR): _____ The average number of hours per workday at home: _____

C. Information concerning your job/ school. If you work or go to school outside the home, please fill in the

blanks: Command/School: _____ Present occupation/Job Title: _____
 Grid Number for your work site or school: _____ Number of hours per day at this location: _____

PATIENT'S IDENTIFICATION <i>(Use this space for Mechanical Imprint)</i>	RECORDS MAINTAINED AT:		
	PATIENT'S NAME <i>(Last, First, Middle initial)</i>	SEX	
	RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
	SPONSOR'S NAME		ORGANIZATION
	DEPART. SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

IF YOU LIVE/WORK/SCHOOL
OFF-BASE, USE "O"



II-1-(a)
II-4-(b)

II-4-(b)

Jirikampo Incinerator
(CD) PORTLAND CEMENT

250m