

**PRIVATE PHYSICIAN PACKET – NYC EXPOSURE ZONE**

You should only complete the Private Physician forms if you meet one of the following criteria:

- You received specific direction from the VCF to complete the forms; or
- You are filing a claim for a deceased individual who was not certified for treatment by the WTC Health Program for the claimed condition; or
- You are a foreign resident, living outside the continental United States, who has not been certified for treatment by the WTC Health Program for the claimed condition; or
- You were previously deemed eligible for compensation from the VCF based on a certified condition, or you are filing a claim for a deceased individual who was previously deemed eligible for compensation from the VCF based on a certified condition, and you are now seeking to add a non-certified cancer as a claimed condition; or
- You are not able to go to a WTC Health Program center (either in the New York City metropolitan area or through the Nationwide Provider Network) to have your condition evaluated and certified for treatment without suffering significant hardship. If you believe that you will suffer significant hardship in seeking certification by the WTC Health Program, you should upload a statement or letter to the claim explaining the circumstances and why you should be considered for the Private Physician process **and** call the VCF Helpline to alert us to the request.

**\*\* If you do not meet the criteria above, you should not complete the Private Physician forms. \*\***

Complete this form if the victim meets the criteria for the VCF Private Physician process and was present in the NYC Disaster Area. **If you do not meet the criteria for the Private Physician process and you submit these forms, the VCF will not review them when evaluating your claim.**

The NYC disaster area as defined in the Zadroga Act for purposes of evaluating eligibility under the WTC Health Program consists of the area of Manhattan that is south of Houston Street; AND any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site; AND any area related to, or along, routes of debris removal, such as barges and Fresh Kills. See <http://www.cdc.gov/wtc/define.html>.

*If the victim is claiming ONLY traumatic injuries or musculoskeletal disorders (e.g., low back pain, carpal tunnel syndrome, etc.) do not complete this form. In order for these conditions to be found eligible, the claimant must show where and when the injury occurred and its relationship to the events of 9/11.*

**1. Victim's Full Legal Name:**

First	Middle	Last

**2. Provide the dates the victim was present in the NYC Disaster Area between September 11, 2001 – July 31, 2002.**

**Start Date**  
(mm/dd/yyyy)

**Finish Date**  
(mm/dd/yyyy)

**Comments**  
(optional)

**3. Was the victim in the NYC disaster area at any time ON September 11, 2001?**

- Yes  No

If **Yes**, Check the option that provides the most relevant description:

- Directly in the cloud of dust (or "blackout") from the collapse of the WTC buildings
- Exposed to significant amounts of dust but not directly in the cloud of dust from the collapse of the WTC buildings
- Exposed to some dust but not in the cloud of dust from the collapse of the WTC buildings
- Not exposed to dust and not in the cloud of dust from the collapse of the WTC buildings
- Do Not Know

**4. If the victim was in the NYC Disaster Area on September 11, 2001, please identify the victim's specific location and activity on September 11, 2001:**

**5. Indicate the estimated total duration of exposure for each of the different relevant exposure timeframes listed in the table below. *Total Duration of Exposure is the total number of hours that the victim performed rescue, recovery, demolition, debris removal, and related support services ("Response Activities") or lived, worked, went to school, commuted or visited (Non-Response Activities) while within the NYC Disaster Area.***

Relevant Exposure Timeframes	Estimated Total Duration of Exposure	Location in the NYC Disaster Area
September 11 – 14, 2001		
September 15 – 30, 2001		
October 1, 2001 – July 31, 2002		

**6. Indicate the victim's relative amount of dust/fume/smoke exposure while in the NYC Disaster Area for each time period listed in the table below. Check the most prevalent layer for each time period.**

Time Period during which Jobs/Tasks were Performed	Heavy visible layer of dust and/or smell of WTC smoke	Light visible layer of dust and/or smell of WTC smoke	No visible layer of dust or smell of WTC smoke
September 11 – 14, 2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
September 15 – 30, 2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
October 1, 2001 – July 31, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the purposes of completing questions 7 and 8, please use the following definitions:

- A **Responder** is a worker or volunteer who provided rescue, recovery, demolition, debris removal, and related support services in the aftermath of the September 11, 2001 attacks on the World Trade Center.
- A **Non-Responder** is a person who was present in the "NYC disaster area" in the aftermath of the September 11, 2001, terrorist attacks on the World Trade Center as a result of their work, residence, or attendance at school, childcare, or adult daycare.

**7. If the victim was a responder, indicate in the table below the location(s) where the victim performed the response activities and the jobs/tasks performed.**

**Location of response activities (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> On the pile/in the pit    | <input type="checkbox"/> Barges/loading piers            |
| <input type="checkbox"/> Adjacent to the pile/pit  | <input type="checkbox"/> Elsewhere south of Canal Street |
| <input type="checkbox"/> Landfill                  | <input type="checkbox"/> Do Not Know                     |
| <input type="checkbox"/> Other Location (specify): |  |

**Job/task (check all that apply):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Body bag work   | <input type="checkbox"/> EMT                            | <input type="checkbox"/> Search and rescue                 |
| <input type="checkbox"/> Bucket brigade  | <input type="checkbox"/> Escorting                      | <input type="checkbox"/> Sifting (excluding conveyor belt) |
| <input type="checkbox"/> Cable installation/repair/splicing (excluding work performed in manholes) | <input type="checkbox"/> Excavation/confined space work | <input type="checkbox"/> Sifting (including conveyor belt) |
| <input type="checkbox"/> Cable installation/repair/splicing (including work performed in manholes) | <input type="checkbox"/> Firefighter                    | <input type="checkbox"/> Torch cutting or burning          |
| <input type="checkbox"/> Canteen services  | <input type="checkbox"/> Industrial hygiene             | <input type="checkbox"/> Towing                            |
| <input type="checkbox"/> Counselor   | <input type="checkbox"/> Morgue work                    | <input type="checkbox"/> Truck loading/unloading           |
| <input type="checkbox"/> Custodian   | <input type="checkbox"/> Perimeter security             | <input type="checkbox"/> Truck routing                     |
| <input type="checkbox"/> Dog Handler   | <input type="checkbox"/> Sanitation worker              | <input type="checkbox"/> Work with concrete                |
| <input type="checkbox"/> Dust suppression  |   |  |
| <input type="checkbox"/> Other - specify:  |   |  |

**8. If the victim's activities were not as a responder, indicate the location(s) where the victim lived, worked, went to school, commuted or visited the NYC disaster area. Check all that apply.**

- Worker in one of the WTC towers
- Worker in surrounding offices, stores, restaurants, or other workplace
- Patron of surrounding stores, offices, or restaurants
- Student or staff at school or preschool
- Adult in daycare or staff at a daycare center
- At place of residence – provide address:

- In Transit or Other Location – specify: