

PRIVATE PHYSICIAN PACKET – PENTAGON AND SHANKSVILLE, PA DISASTER AREAS

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 at the Pentagon or Shanksville, PA sites. **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.**

Victim's Full Legal Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

1. Indicate the site where the victim was located:

- Pentagon
- Shanksville, PA

Specify the exact Location:

2. Provide the dates the victim was present in the disaster area between September 11, 2001 – July 31, 2002.

Start Date (mm/dd/yyyy)	<input type="text"/>	Finish Date (mm/dd/yyyy)	<input type="text"/>
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Comments
(optional)

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3. 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 was within the disaster area for each timeframe. Only fill out one table based on where the victim was present:*

For Pentagon:

Relevant Exposure Timeframes	Estimated Total Duration of Exposure	Location During Relevant Timeframe
September 11 – 12, 2001		
September 13 – November 19, 2001		

For Shanksville:

Relevant Exposure Timeframes	Estimated Total Duration of Exposure	Location During Relevant Timeframe
September 11 – 12, 2001		
September 13 – October 3, 2001		

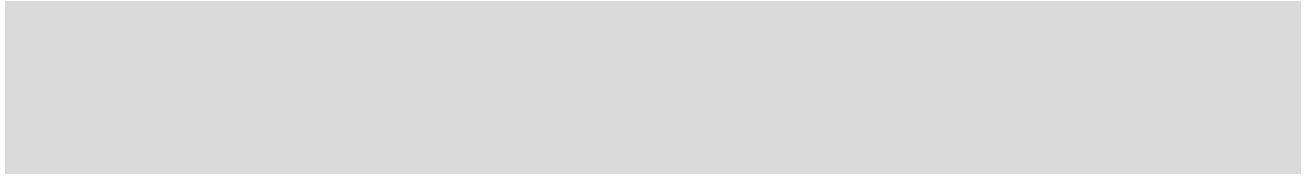
4. Indicate the victim's relative amount of dust/fume/smoke exposure that describes the most prevalent layer for each time period:

Time Period during which Exposure Occurred	Heavy visible layer of dust and/or caught in heavy smoke plume from crash	Light visible layer of dust and/or smell of smoke or chemicals	No visible layer of dust and/or smell of smoke or chemicals
September 11 – 12, 2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
September 13 – November 19, 2001 (Pentagon site)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
September 13 – October 3, 2001 (Shanksville site)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Describe the activities the victim was engaged in during the relevant timeframe, noting the approximate locations where these activities occurred:

6. Describe the type of exposure hazards that you believe were encountered during these activities:

7. Describe the adequacy of the Personal Protective Equipment (“PPE”) that was utilized, noting any breaches of this PPE that may have occurred:



8. Optional – use this space to provide additional comments for consideration:

