Cancer Concern Form

To report a cancer concern, please fill out the following form. Please save this form and email it to: ehandru@senecahealthdept.org. If you cannot email this form, you may print it out and mail it to the following address: Seneca County General Health District, 92 E. Perry St., Tiffin, OH, 44883.

Date (Mo/Day/Year)*:

Name*:

Are you filling out this form for yourself or on behalf of someone else?

- ◯ Myself
- ◯ Someone Else

If you are filling out this form for someone else, what is their name?

Address at Diagnosis*:

City*:

State*:

Zip Code*:

Phone Number*:

Email:

Describe the geographical area(s) of concern (e.g., city, township, neighborhood)*:

Please list the type(s) of cancer diagnoses received and the year(s) of diagnosis.

Describe the demographics of concern (e.g., age group, sex, race/ethnicity

Describe the suspected cause(s) of concern, if applicable (e.g., air/water/soil pollution, radiation, hazardous waste site).