

BP BENZENE RELEASE & TOXIC EXPOSURE FACT SHEET

Lawyer:						
Client:	Last Name:	First Name:	Middle Initial	Suffix		
Home Address:	Physical Address:	City:	State:	Zip Code:		
Work Address:	Physical Address:	City:	State:	Zip Code:		
Other Relevant Address #1:	Connection:	Physical Address:	City:	State:	Zip Code:	
Other Relevant Address #2:	Connection:	Physical Address:	City:	State:	Zip Code:	
Personal Data:	Gender:	Adult/Minor:	DOB:	SSN:	TXDL:	
At Time of Release:	Employer:	DOE:	Position:	Location:		
Type of Claim(s):	Personal Injury:	Emotional Injury:	Property Damage:	BP Contractor:	Residential Claim:	Local Worker Claim:
Brief Medical Summary Chart:	No.	Date:	Provider/Facility:	Address & Phone No.:	Reason	
	1					
	2					

Brief Medical Summary Chart:	No.	Date:	Provider/Facility:	Address & Phone No.:	Reason
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
Work Days Missed:	Employer:		Months:		Total Days:
Smoking History	When:			How Much:	
Litigation History:	Lawsuit(s):				
	W/C Claims:				
Benefit History:	Disability:				
	Veterans:				
	Social Security:				
	W/C Claims:				

Symptoms and/or Conditions Associated with Release:	Beginning Date:	Ending Date:
Earaches	Beginning Date:	Ending Date:
Ringing in Ears	Beginning Date:	Ending Date:
Blurry Vision	Beginning Date:	Ending Date:
Eye Irritation	Beginning Date:	Ending Date:
Sinus Drainage	Beginning Date:	Ending Date:
Sore Throat	Beginning Date:	Ending Date:
Nose Bleeds	Beginning Date:	Ending Date:
Headaches	Beginning Date:	Ending Date:
General Pain	Beginning Date:	Ending Date:
Irritability	Beginning Date:	Ending Date:
High Blood Pressure	Beginning Date:	Ending Date:
Miscarriage	Beginning Date:	Ending Date:
Birth Defects	Beginning Date:	Ending Date:
Pregnancy Problems	Beginning Date:	Ending Date:
Delivery Issues	Beginning Date:	Ending Date:
Difficulty Conceiving	Beginning Date:	Ending Date:
Shortness of Breath	Beginning Date:	Ending Date:
Difficulty Breathing	Beginning Date:	Ending Date:
Wheezing	Beginning Date:	Ending Date:
Vomiting	Beginning Date:	Ending Date:
Diarrhea	Beginning Date:	Ending Date:
Nausea	Beginning Date:	Ending Date:
Skin Irritation	Beginning Date:	Ending Date:
Chest Pains	Beginning Date:	Ending Date:
Nervousness	Beginning Date:	Ending Date:

Loss of Appetite	Beginning Date:	Ending Date:
Drowsiness	Beginning Date:	Ending Date:
Pulmonary Problems	Beginning Date:	Ending Date:
Heart Attack	Beginning Date:	Ending Date:
Stroke	Beginning Date:	Ending Date:
Spinal Bifida	Beginning Date:	Ending Date:
Nerve Disorders	Beginning Date:	Ending Date:
Dizziness	Beginning Date:	Ending Date:
Rapid Heartbeat	Beginning Date:	Ending Date:
Irregular Heartbeat	Beginning Date:	Ending Date:
Urinary Problems	Beginning Date:	Ending Date:
Tremors	Beginning Date:	Ending Date:
Confusion	Beginning Date:	Ending Date:
Memory Loss	Beginning Date:	Ending Date:
Blood Disorders	Beginning Date:	Ending Date:
Fatigue	Beginning Date:	Ending Date:
Weight Loss	Beginning Date:	Ending Date:
Sleepiness	Beginning Date:	Ending Date:
Leukemia	Beginning Date:	Ending Date:
Kidney Failure	Beginning Date:	Ending Date:
Anemia	Beginning Date:	Ending Date:
Immune Deficiencies	Beginning Date:	Ending Date:
Death	Beginning Date:	Ending Date:
Asthma	Beginning Date:	Ending Date:
Chronic Cough	Beginning Date:	Ending Date:

Symptoms and/or Conditions Associated with Release:	Beginning Date:	Ending Date:
Other (Describe):	Beginning Date:	Ending Date:

Prescription Medication:	No.	Date:	Provider:	Address & Phone No.:	Reason:
	1				
	2				
	3				
	4				
	5				

Non-Prescription Medication:	No.:	Date:	Reason:
	1		
	2		
	3		
	4		
	5		

VERIFICATION

The undersigned Attorney of Record for the above-named Plaintiff certifies that, after diligent investigation and review, information in this BP Benzene Release & Toxic Exposure Fact Sheet is true and complete to the best of my knowledge.

Attorney of Record for Plaintiff