

## BHS World Trade Center Medical Monitoring Program Retiree Contact Form

Thank you for completely filling out this form. If you live outside the Tri-State area, BHS can schedule your medical the next time you visit the New York area, even during the holiday season! BHS wants to keep connected with the retired members of our FDNY family. You took care of New York. Now, let us take care of you!

Name							
Contact Ad	ldress						
Home Pho	70		Call	Dhono			
			0611	FIIOIIE			
E-mail							
Year retired	d						
Last Unit A	ssigned						
Member of	Which						
FDNY Frate Organizatio							
Member of Which FDNY Retiree							
Group(s)							
Droforonoo	for Doy and I	Time of Day to	a a a marta	DUC fo	r vour froe moe	liaal.	
Preference	for Day and	Time of Day to	come to	опо ю	r your <u>free</u> med	ilcai.	
Weekday	☐ Monday	☐ Tuesday	☐ Wedne	esday	☐ Thursday	☐ Friday	
	Weekdays	kdays 🗖 afte		□ ev	rening		
Weekend	☐ Saturday	☐ Sun	day				
	Weekends	☐ mor	☐ morning		☐ afternoon		