

Attachment 5g (MN 7.2) Participation Record

5.8 reading level without burden statement

FORM APPROVED
OMB No. 0923-XXXX
Expiration Date: MM/DD/YYYY



Fond du Lac
Human Services



NAME TBD

Fond du Lac Community Biomonitoring Study

Participation Record

By signing below, you state that you received the gift cards listed. Your signature will only be used to show you received the gift cards. Your signature will not be used for any other reason.

First Card

I received a \$25 gift card as thanks for reviewing the consent form.

<i>Signature</i>	<i>Date</i>	<i>Staff Initials</i>

Second Card

I received a \$25 gift card as thanks for doing the clinic part of the study.

<i>Signature</i>	<i>Date</i>	<i>Staff Initials</i>

Third Card

I received a \$25 gift card as thanks for completing the interview.

<i>Signature</i>	<i>Date</i>	<i>Staff Initials</i>

Study ID
Public

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Total Gift Card Amount: 25 50 75

reporting burden of this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-XXXX).