

Exposure Measurement Form
OMB Attachment 3g

Form Approved
OMB No. 0923-00xx
Exp. Date xx/xx/20xx

Supplemental Exposure Measurement Form

Study ID Number	_____
Sample Collection Date	_____
Collector ID	_____
Field ID	_____

ATSDR estimates the average public reporting burden for this collection of information as 10 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 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 Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0923-00xx).

NOTE: Use one form for each participant if multiple participants are part of a sampling event

Study ID Number	_____
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For natural grass field user participants:

Have you played on a synthetic turf field in the past 24 hours? Yes No

If yes, participant is not eligible to participate at this time.

If no, participant is eligible to participate and investigator will proceed with data collection.

Urine Samples

Sample Type	Sample Collected		Urine volume	Time of collection
Pre-Activity	Yes	No		
Post-Activity	Yes	No		

What time of the day was your/your child's most recent void? _____