Attachment 3b. User Profile

What is your full name? • First:

Protocol Appendix E

Form Approved OMB No. XXXX Exp. Date xx/xx/20xx

User Profile Questions

CDC estimates the average reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 suggestion for reducing the burden to CDC/ATSDR Information Collection Review Office, 1500 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

• Middle:	
• Last:	
Have you been known by any other name (example, ma	aiden name)?
• No	
• Yes	
• [If yes] What name? First	Last
What is your current residential address?	
• Street:	If a user provides a DOB that makes them younger than 18
• City:	years old, the following dialogue will pop up. "According to
State: (scrolling menu)	
• Zip code: We would like to keep you updated on the progress of t	your date of birth, you are younger than 18 years of age.
NFR. We have the following email address on file for y	time. Flease consider registering when you have reached
(auto-filled from information provided in login.gov). W	Vould 18 years of age or older."
you like to provide another email address? A personal of	email 10 years of age of order.
address is preferred for communications because you sl	hould
have access to this email even outside of work.	
•	
If you would also like to receive updates via text messa	age please provide your mobile number below
• (xxx)xxx-xxxx	ige, please provide your mobile number below
What is your current work status in the fire service (sel	ect all that apply)?
• Full time, paid	cet un that apply).
Part time, paid	
Volunteer (full or part time)	
• Seasonal	
 Paid on call or paid per call 	
Retired	
In what year did you retire?	
No longer working in the fire service	
 In what year did you stop working in the 	he fire service?
Academy Student	
Out on long-term disability	
 Other 	
 If other, please specify 	