- Affix label here-

Member ID: __ __ __ __ - ___ ___ ___ - __

First Name _____M.I._____

Last Name _____

1. NBS Screening Call Date: |__|__|-|__|__|-|__|__| (MM/DD/YY)

2. WHI Staff ID: |__|__|__|

3. Contact Type:

☐ 1 Phone

☐ 3 Visit

4. Visit Type:

☒ 4 Non-Routine

5. Final Screening Disposition:

☐ 1 Scheduled

☐ 2 Ineligible

☐ 3 Declined

K_____