- Affix label here-

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

First Name _____M.I._____

Last Name _____

1. NBS Eligiblity Reassessment Call Date: ⌊__⌋⌊__⌋-⌊__⌋⌊__⌋-⌊__⌋⌊__⌋ (MM/DD/YY)

2. WHI Staff ID: ⌊__⌋⌊__⌋⌊__⌋

3. Contact Type: ☒ 1 Phone

4. Visit Type: ☒ 4 Non-Routine

5. Final Eligiblity Reassessment Disposition:

☐ 1 Eligible and Scheduled for NBS Visit 3

↓

5.1 NBS Visit 3 Date: ⌊__⌋⌊__⌋-⌊__⌋⌊__⌋-⌊__⌋⌊__⌋
(MM/DD/YY)

☐ 2 Ineligible

☐ 3 Declined

K_____