## CHECK LIST FOR THOSE WHO HAVE HAD, OR WHO IN THE FUTURE HAVE, ONE ABNORMAL BELPT

Fill out the EE-1 and EE-3 and i results that you have; review the	nclude a copy of any abnormal BeLPT e EE-7 form.
Make a copy of the completed forms (one to keep for yourself).	
Take the original copy of your forms (or mail them) to your nearest EEOICPA Resource Center.	
If you have already filed these forms, please do not fill them out again, just skip to the next item, below.	
•	DOL program, choose a clinical center edical examinations. Circle the center you
performed. ["I have an abnorma an appointment for a follow-up r	ou want your medical examinations to be all beryllium blood test and I need to get medical examination."] The clinical center u had one or two abnormal tests.
you for your travel expenses, bu DOL claims examiner in the EE	200 miles round-trip, DOL will reimburse at you will need special approval from your OICP District Office prior to travel. Call u need help with travel to the medical
If you have any further question	is on the DOL program, please call the