

**New York State Department of Health
Draft Health Consultation - Comment Form
Bronx New School, PS 51X**

Thank you for reviewing the draft health consultation. The public comment period gives you a chance to let us know if you have questions or additional information related to the site that should be included in this report. This reply form is broken into three sections - optional information (to update our mailing list), general comments (how helpful is the information to you) and specific comments (specific to the main sections in the report). Please write any questions or comments in the appropriate spaces below.

Please return your completed form by August 9, 2013. Additional information and documents about this site can be found at the New York State Department of Health website, www.health.ny.gov/environmental/investigations/ps51

Optional Information

First Name _____ Last Name _____

Address _____

Contact number (with best time to reach you) _____

E-mail Address _____

General Comments

1. Was the information in this health consultation clear and understandable? (Rate on a scale of 1 to 5, please circle your choice)

Not clear and understandable 1 2 3 4 5 Very clear and understandable

2. Does the document take into account all relevant site information? (Check one) ☐ Yes ☐ No ☐ Not sure

If no, please tell us what's missing _____

3. Does the document identify and respond to community concerns, including your own concerns? (Check one)

☐ Yes ☐ No ☐ Not sure

If no, please tell us what concerns are missing _____

4. After reading this document, do you have a better understanding of how the former school building might affect your or your community's health? (Rate on a scale of 1 to 5, please circle your choice)

Do not have a better understanding 1 2 3 4 5 Have a much better understanding

Specific Comments

Note: Please refer to page numbers in the report when writing your comments

BACKGROUND AND STATEMENT OF ISSUES Section:

DISCUSSION Section:

CONCLUSIONS Section:

RECOMMENDATIONS Section:

PUBLIC HEALTH ACTION PLAN Section: _____

OTHER: _____

Please return your completed comment form to:

New York State Department of Health
Bureau of Environmental Exposure Investigation
Empire State Plaza
Corning Tower, Room 1717
Albany, New York 12237

Fax#: (518) 402-7859

For questions, please call us at (518) 402-7880 or email documentcomments@health.state.ny.us