



Assessment Questionnaire

As an applicant to become a Research Associate Employee for LifeX Research Corporation I acknowledge that misrepresentation of the questions on this application will result in termination of employment.

Part A

Is the applicant, spouse/domestic partner/significant other, dependent children, or any other member of their household currently being treated for, **or expect to be treated for any of the following currently or over the next 12 months?** (No to all – Continue to Part B)

- | Y | N | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Organ failure , leading to Bone Marrow or Organ Transplant. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any genetic condition that requires cell or gene therapy treatments. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any cancer that requires chemotherapy, radiation, bone marrow treatments, and/or cell therapy treatments. |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidney failure requiring dialysis treatments. |
| <input type="checkbox"/> | <input type="checkbox"/> | Hemophilia, or other blood clotting disorders. |
| <input type="checkbox"/> | <input type="checkbox"/> | Inpatient Mental Health and/or Substance or Alcohol Treatment. |

Part B

- | Y | N | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is any individual listed on this application: <ul style="list-style-type: none">• Currently pregnant or an expecting parent• Seeking or receiving infertility services to become pregnant |

Part A

In the **last 5 years, has the applicant, spouse/partner, significant other, or any dependent child** seen a doctor, received medical care, stayed in a hospital, or are they currently getting treatment or taking medication for any of the conditions listed below? This includes any current treatment/medications/prescriptions.

- | Y | N | <u>Condition</u> |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Cancer (ONLY exclusion is Basal Cell Carcinoma) |

Y	N	<u>Condition</u>
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease (such as, but not limited to heart surgery, including bypass surgery/CABG, heart attack, stroke, heart failure - does not include high blood pressure)
<input type="checkbox"/>	<input type="checkbox"/>	Home bound , incapacitated or incapable of carrying out daily activities (such as dressing, bathing, or feeding) or receiving end of life, palliative, or hospice care.
<input type="checkbox"/>	<input type="checkbox"/>	Autoimmune or Blood Disease , such as but not limited to Lupus, Multiple Sclerosis/MS, Iron Deficiency Anemia (IDA), AIDS, HIV, Hashimoto's, Immunodeficiency, Hemophilia, IBS, or Crohn's Disease or Ulcerative Colitis, Psoriasis with systemic involvement (see attached sample list)
<input type="checkbox"/>	<input type="checkbox"/>	Organ Failure/Transplant for kidney, liver, lung or heart
<input type="checkbox"/>	<input type="checkbox"/>	Organ Support , such as dialysis or ECMO
<input type="checkbox"/>	<input type="checkbox"/>	Hospitalized , have you been hospitalized in the past five years for which you are still receiving treatment, taking medication, or attending follow-up appointments with a healthcare provider (this includes skilled nursing, mental health, substance treatment, and rehabilitation facilities)?
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Disorders , such as COPD, emphysema, chronic bronchitis, or chronic pneumonia (does not include asthma)
<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal Disorders , such as but not limited to, sciatica osteoporosis, cervical/neck/back disorder (including any type of injection or procedure), muscular dystrophy, cerebral palsy, dermatomyositis, compartment syndrome
<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse or Dependency (including but not limited to alcohol, cocaine, meth, heroin, opioids)- whether diagnosed or undiagnosed
<input type="checkbox"/>	<input type="checkbox"/>	Type I Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Major Surgery , (please see attached list for reference but not limited to only the items listed) in the past 5 years for which you are still receiving treatment, taking medication, or attending follow-up appointments with a healthcare provider or any planned or recommended surgeries in the next 12 months
<input type="checkbox"/>	<input type="checkbox"/>	Neurological Disorder , , such as Parkinson's Disease, epilepsy, stroke, Alzheimer's, MS (multiple sclerosis), ALS (amyotrophic lateral sclerosis), Major Depressive Disorder or Schizophrenia

Agent Signature

Date

Applicant Name

Date Collected