

EHS BLOOD TYPE

2012 EHS blood type study

*** Required**

What gender are you? *

Male Female

What country are you from? *

What year were you born? *

How long have you had the symptoms of EHS? *

years

How much of your life is affected by the symptoms of EHS? *

%

(on a scale of 0% = never and 100% = all the time)

How certain are you your symptoms are caused by Electromagnetic radiation? *

%

(on a scale of 0% = never and 100% = all the time)

What blood type are you? *

blood type RH + or RH -

Box 1 (A,B, AB or O) Box 2 (- or +)

Is at least 1 of your parents RH-? *

yes no unsure

Would you like to receive the results to this study? *

yes no

If yes, what is your postal address?

Return Postal: P O Box 87-512, Meadowbank, Auckland 1742 New Zealand or Fax +64 9 448 2189.

Thank you for taking part!!

Disclaimer:

We are not a government organisation or a business with any interest in the outcome of this initial study. If the data received in this initial study is conclusive it may lead to research by a prominent scientist. Your data is anonymous and any personal information (i.e. return address or email) will not be passed on to anyone else without your approval. We have no intention of passing this information on to any organisation.

Thanks again and Kind regards
Admin - www.EHSbloodtype.com

