

All people exposed to radiation, both emergency responders and members of the public, will require future medical monitoring. Collect the following information from each person who was in the affected area and retain it until requested by the Department of Health and Human Services:

Date _____ Name _____

Home Address _____
Street or P.O. Box

City, State, Zip _____

Telephone(s) _____

Social Security Number _____

Gender M F Date of birth (or approximate age)

The following information would be useful for further medical evaluation. Collect it only if you have time to collect the information without delaying treatment of the injured:

Date of Exposure _____ Time of Exposure _____

Location _____
Describe the location where the person received his or her exposure

Duration of exposure _____

Did person have any open wounds? Y N

Did person use respiratory protection? Y N

What kind? _____

Did person eat or drink while in the area? Y N

Did you find any external contamination on the person? Y N

Emergency contact information: Name _____

Address: _____
(City, state, ZIP)

Telephone: _____

Employer: _____