

MEDICAL MONITORING OF ENTRY TEAM

NAME: _____

CASE: _____ CASE #: _____

DATE/TIME: _____ EXPOSURE RISK: ___ HIGH ___ MED ___ LOW

PROTECTIVE EQUIPMENT: _____

SUBSTANCE(S) INVOLVED: _____

CONCENTRATION/LENGTH OF EXPOSURE: _____

MEDICAL TESTING: _____

COMMENTS:

PRE-ENTRY MEDICAL MONITORING

WEIGHT: _____ TEMPERATURE: _____ METHOD: _____

PULSE: _____ BLOOD PRESSURE: SYSTOLIC _____ / DIASTOLIC _____ METHOD: _____

MONITORING CONDUCTED BY: _____

POST-ENTRY MEDICAL MONITORING

WEIGHT: _____ TEMPERATURE: _____ METHOD: _____

PULSE: _____ BLOOD PRESSURE: SYSTOLIC _____ / DIASTOLIC _____ METHOD: _____

MONITORING CONDUCTED BY: _____

Privacy Act Statement: *The information on this form is protected by the Privacy Act of 1974. The purpose of requesting this information is to conduct medical monitoring of entry teams. This information will be used by the U.S. Department of Energy, Nevada Operations Office, its contractors, and the home organization of the participant. Failure to provide this information will result in not receiving medical monitoring and could preclude participation on the entry team.*