

Radiation Event Epidemiologic Follow-up Form

If you have any questions, please call 802-863-7495.

48901 II you na	002-003-1-433.														
INSTRUCTIONS			IMPORTANT												
Please print legibly using a black of UPPERCASE letters.	and		l u	Unique ID											
Please fill in bubbles. Example:	an we	ell		river	's lic	ense									
First name					Birt	h date									
Middle name							m	m	d	d	У	У	У	У	
Last name			Age Age												
Gender															
Address															
City						State									
(If no state, use CC fo	r othe	r fore	eign c	ount	ries)	Zip									
Home phone (numbers only includi				-			-								
Cell/other phone (numbers only inc	luding area code))			-			-							
Email															
1. Are you in need of the follow (fill in all that apply) Medications/Supplies Medical Care Food/Drink Counseling Help finding family Transportation Shelter Other Not applicable Don't know	:	4. What was your status or role during this event? (fill in all that apply) Resident Passerby Employee Responder/Rescue worker Government worker Cleanup worker Non-government orgranization worker Other Not applicable Don't know													
2. When did you arrive at the reconnected Date Time m m d d y y Not applicable D) am) pm	5. Were you in the event area when the event started? Yes No Don't know Time h h m m													
3. Before the event did you have (fill in all that apply) Chronic illness Physical disability Other condition None Don't know		6. Are you pregnant? Yes No Not applicable Don't know/Possibly													



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7. What was your location at the start of the event?																														
Address																														
City																				St	ate	<u>.</u>						_		
(If no state, use CC for Canada, XX for ot ○ Not applicable ○ Don't know												other foreign countries) Zip																		
8. At the start of the event, where were you physically? (fill in all that apply)											○Yes															en?				
○ Inside a building or structure○ Inside a car or other vehicle										○ No ○ Don't know																				
○ Below ground									Date Time am pm																					
○ Other										12. Did you take preventive medicine like potassium																				
○ Not applicable○ Don't know										iodide (KI) or other? If yes, when?																				
9. How were you exposed in the event?									○ No ○ Don't know																					
(fill in all that apply)○ Skin bare outside during event (dermal)								Date Time am																						
Ate contamBreathed in									•	n)			mmddyy hhmm																	
O Not applica	able	COIII	arriii	iiat	cu u	Ca	(iaic	11101	''			13. Were you decontaminated due to the event? ○ Yes																	
O Don't know	<i>I</i>												○ No ○ Don't know																	
10. Were you t ○ Yes	told to	she	elter	in	place	e?							O Don't know 14. Comments?																	
○ No													14. Comments:																	
Not applicaDon't know																														
		and a	addı	res	s of s	som	neo	ne '	who) C	loe	s n	not live with you but who can reach you?																	
First name																														
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Cell/other phone (numbers only including area code)																-					-								_	
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