

Registrant Personal/Medical History

Approved by

Ronald E. Filipy, Director

This form is provided in the Registrant packets and is completed by the Registrant when wishing to be considered for participation in the program or renewing their five-year agreement. This provides the Registries with important personal history that is useful when evaluating the donor's case.

PERSONAL/MEDICAL HISTORY

			Persona	I History	y			
name						date		
street address	reet address					state	zip code	
birth date	sex	М	F	retired ves	no	height	weight	
physician name			physici	physician address/phone				
		E	Employme	ent Histo	ory			

job title/type of work	employer	adress or location	dates (from-to)

Radiation Exposure History

Have you ever	been ex	posed to	or worked with: (please	check (✓) the appropriat	e boxes)		
	yes	no	dates (from-to)		yes	no	dates (from-to)
Plutonium				Americium			
Uranium				Thorium			
Radium				Other transuranics			
Strontium-90				Other radioactivity			

	yes	no	do not know
Do you have a documented deposition of radioactivity in your body? If yes, what isotope(s)? How much?			
Have you ever been routinely monitored for radioactivity in urinalyisis or in-vivo counting?			
Do you wear/have you worn a dosimeter (TLD, film badge) at work?			
Have you ever been exposed or contaminated in a radiation incident?			
Have you ever undergone radiation therapy or diagnosis? If yes, please list physician and hospital.			

such as cancer, heart disease, etc. Such as cancer, heart disease, etc. Such as cancer, heart disease,						emical Ex			ory			
Smoking History ave you ever smoked: yes no dates (from-to) packs/number per day garettes pes Family History lelative Age if living If living, give state of health or diseases Age at death If deceased, cause of desather other others sters Medical History Medical History Medical History dicated which of the following best describes your current health: Excellent Good Fair Poo ave you ever had cancer or leukemia? Yes No ave you had or been tested serum positive for hepatitis B or C (HBV,HCV)? Yes No ave you had or been tested serum positive for hepatitis B or C (HBV,HCV)? Yes No ave you have rhad any other significant abnormalties or diseases? Yes No ave you have rhad any other significant abnormalties or diseases? Yes No ave you have rhad any other significant abnormalties or diseases? Yes No ave you have rhad any other significant abnormalties or diseases? Yes No ave you have rhad any other significant abnormalties or diseases? Yes No ave you have any comments about your health or work history? Yes No attest If you answered yes to any of the above, please explain below. Attach additional pages if necessary.	Have you ever	worked witl	h or be		sed to	any of the	followir	ıg:				
Smoking History ave you ever smoked:	- III		ye	s no	dai	tes (from-to				yes	no	dates
Smoking History ave you ever smoked: yes no dates (from-to) packs/number per day garettes gars pes Family History elative Age if living If living, give state of health or diseases such as cancer, heart disease, etc. Age at death If deceased, cause of desather other other others Sters Medical History dicated which of the following best describes your current health: Excellent Good Fair Pool ave you ever had cancer or leukemia? Yes No No No No No No No N												
Smoking History ave you ever smoked: yes no dates (from-to) packs/number per day garettes gars pes							Be	nzene,	Ioluene			
Age if living If living, give state of health or diseases such as cancer, heart disease, etc. Medical History Medic	Other Toxic Che	micals										
garettes James Jam						Smoki	ng Hist	ory				
### Family History Pamily History Family History	Have you ever s				-1.	-+ /f	±-\			l / - · · · l		
Family History elative	Oi wayatta a	yes	no		Q	ates (from-	·10)		pac	ks/numbe	er per day	
Family History elative		-						_				
Pamily History Pami		+										
Age if living	ripes											
Medical History dicated which of the following best describes your current health: Excellent Good Fair Poo ave you ever had cancer or leukemia? Yes No ave you had or been tested serum positive for hepatitis B or C (HBV,HCV)? Yes No ave you ever had any other significant abnormalties or diseases? Yes No ave you have any comments about your health or work history? Yes No ave you have any comments about your health or work history? Yes No attest If you answered yes to any of the above, please explain below. Attach additional pages if necessary.												
Medical History dicated which of the following best describes your current health: Excellent Good Fair Poo ave you ever had cancer or leukemia? Yes No ave you human immunodeficiency virus (HIV) serum positive? Yes No ave you had or been tested serum positive for hepatitis B or C (HBV,HCV)? Yes No ave you ever had any other significant abnormalties or diseases? Yes No o you have any comments about your health or work history? Yes No attest If you answered yes to any of the above, please explain below. Attach additional pages if necessary.	Relative	Age if livi							Age at dea	ath If de	eceased,	cause of dea
Medical History dicated which of the following best describes your current health:				such as	cancer	, neart dise	ease, etc					
Medical History dicated which of the following best describes your current health:	ather											
Medical History dicated which of the following best describes your current health:												
Medical History dicated which of the following best describes your current health:	Brothers											
Medical History dicated which of the following best describes your current health:												
Medical History dicated which of the following best describes your current health:	Sisters											
dicated which of the following best describes your current health:	5.0.0.0											
dicated which of the following best describes your current health:									<u> </u>			
	Have you ever h Are you human i Have you had or Have you ever h	ad cancer immunodef been teste ad any oth	or leuk iciency ed seru er sigr	kemia? v virus (l um posit nificant a	HIV) se ive for labnorm	our current erum positi hepatitis B palties or di	t health ve? or C (H iseases'	BV,HC		☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	□ No □ No □ No	
hat medicines, drugs, or other remedies do you regularly take?	Dates If you ar	nswered ye	s to ar	ny of the	above	, please ex	xplain be	low. A	ttach addition	nal pages	if necess	sary.
hat medicines, drugs, or other remedies do you regularly take?												
hat medicines, drugs, or other remedies do you regularly take?												
hat medicines, drugs, or other remedies do you regularly take?												
	What medicines,	drugs, or	other r	emedies	do yo	u regularly	take?					