



Registrant Personal/Medical History

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Approved by

Ronald E. Filipy, Director
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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

Personal History

name		social security number		date	
street address			city		state zip code
birth date	sex M F	retired yes no		height	weight
physician name			physician address/phone		

Employment History

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

Radiation Exposure History

Have you ever been exposed to or worked with: (please check (✓) the appropriate 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 urinalysis 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.			

