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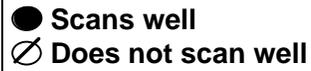
# Radiation Event Epidemiologic Follow-up Form

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

## INSTRUCTIONS

Please print legibly using a black or dark blue pen and UPPERCASE letters.

Please fill in bubbles. Example:



## IMPORTANT

Unique ID

Driver's license

First name

Birth date

Middle name

m m d d y y y y

Last name

Age

Gender

Male  Female  Other

Address

City

State

(If no state, use CC for Canada, XX for other foreign countries)

Zip

Home phone (numbers only including area code)

Cell/other phone (numbers only including area code)

Email

### 1. Are you in need of the following?

(fill in all that apply)

- Medications/Supplies
- Medical Care
- Food/Drink
- Counseling
- Help finding family
- Transportation
- Shelter
- Other
- Not applicable
- Don't know

If other, please describe:

### 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 organization worker
- Other
- Not applicable
- Don't know

### 2. When did you arrive at the reception center?

Date       Time      am  pm

m m d d y y h h m m

Not applicable  Don't know

### 5. Were you in the event area when the event started?

Yes  No  Don't know

If yes, what time?

Time      am  pm

h h m m

### 3. Before the event did you have the following?

(fill in all that apply)

- Chronic illness
- Physical disability
- Other condition
- None
- Don't know

If yes, please describe:

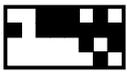
### 6. Are you pregnant?

- Yes
- No
- Not applicable
- Don't know/Possibly

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Continue on other side ---->





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Please re-enter your Unique ID

Grid for Unique ID

7. What was your location at the start of the event?

Address

Grid for Address

City

Grid for City

State

Grid for State

(If no state, use CC for Canada, XX for other foreign countries)

Zip

Grid for Zip

- Not applicable, Don't know

8. At the start of the event, where were you physically?

(fill in all that apply)

- Inside a building or structure, Inside a car or other vehicle, Below ground, Outside, Other, Not applicable, Don't know

If other, please describe:

Text box for description

9. How were you exposed in the event?

(fill in all that apply)

- Skin bare outside during event (dermal), Ate contaminated food or drink (ingestion), Breathed in the contaminated area (inhalation), Not applicable, Don't know

10. Were you told to shelter in place?

- Yes, No, Not applicable, Don't know

11. Were you evacuated or asked to leave? If yes, when?

- Yes, No, Don't know

Date

Grid for Date

Time

Grid for Time

- am, pm

m m d d y y h h m m

12. Did you take preventive medicine like potassium iodide (KI) or other? If yes, when?

- Yes, No, Don't know

Date

Grid for Date

Time

Grid for Time

- am, pm

m m d d y y h h m m

13. Were you decontaminated due to the event?

- Yes, No, Don't know

14. Comments?

Text box for comments

What is the name and address of someone who does not live with you but who can reach you?

First name

Grid for First name

Last name

Grid for Last name

Address

Grid for Address

City

Grid for City

State

Grid for State

(If no state, use CC for Canada, XX for other foreign countries)

Zip

Grid for Zip

Home phone (numbers only including area code)

Grid for Home phone

Cell/other phone (numbers only including area code)

Grid for Cell/other phone

Email

Grid for Email

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