

Personnel exposure and contamination monitoring addendum

| | | | |
|------------|--------------|--------------|------------------------------------|
| Name | Title | DoD# | Date/Time Potentially Contaminated |
| Occupation | Duty Station | Home Address | |

RADIOLOGICAL STATUS OF PERSON

Radiological survey performed: Yes No Contamination: Internal: Ingestion Inhalation

Nature of person's work:

EXTERNAL RADIOACTIVE CONTAMINATION

Radionuclide _____ Activity _____

Body area _____

Contaminated wounds: Yes No Location: _____

Initial decontamination done: Yes No

EXTERNAL RADIATION EXPOSURE

Exposed to Radiation Source: Yes No If Yes, source activity/type/dose rate:

Distance from the source to the person:

Time of exposure for the person:

Estimated dose to the person:

Dosimeter Worn: Yes No

Dosimeter No:

Body location of dosimeter(s):

INTERNAL RADIOACTIVE INHALATION/INGESTION

Respiratory protection: Yes No

Protective clothing: Yes No

Contamination on clothing: Yes No Not checked

Clothing segregated for evaluation: Yes No

Suspected ingestion or inhalation Yes No

Thyroid evaluation necessary: Yes No Unknown

NOTES:

Thyroid survey: Count rate from neck:

Thyroid survey: Count rate from thigh:

Stable iodine administration: Yes No

Date/Time/Dose administered:

Clinical State

| | Yes | No | Onset time | Number/ Frequency | Duration | NOTES |
|----------|-----|----|------------|----------------------|----------|-------|
| Nausea | | | | | | |
| Vomiting | | | | | | |
| Weakness | | | | | | |
| Trauma | | | | | | |
| Burns | | | | | | |
| Wounds | | | | | | |
| Headache | | | | | | |
| Diarrhea | | | | | | |
| Edema | | | | | | |
| Erythema | | | | | | |