

COMMUNITY RECEPTION CENTER (CRC) REGISTRATION FORM

STATION 1: INITIAL SORTING

Instructions: Attach ID band barcode label here OR enter ID Number.

A1. Barcode or ID Number: _____

A2. Date (MM/DD/YYYY):

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A3. Time (Military Time):

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A4. What is your preferred spoken language? English Other _____

STATION 2: CONTAMINATION SCREENING

B1. Detector type: Hand Held Portal Monitor B2. Units: CPS CPM B3. Screening Criteria: _____

B4. Initial screening results: Negative for contamination Positive for contamination

Instructions: If “negative for contamination”, send individual to Station 5: Registration using Express Lane. If “positive for contamination”, officials conducting contamination screening should complete the table below and escort individual to Station 3: Wash.

Body Area	Contaminated?	If contaminated, measurement?	If contaminated, area of body?
Head/Neck	B5. <input type="checkbox"/> Yes <input type="checkbox"/> No	B5a.	B5b. <input type="checkbox"/> Face/front of neck <input type="checkbox"/> Other
Trunk	B6. <input type="checkbox"/> Yes <input type="checkbox"/> No	B6a.	B6b. <input type="checkbox"/> Left front <input type="checkbox"/> Right front <input type="checkbox"/> Left back <input type="checkbox"/> Right back
Upper Extremity	B7. <input type="checkbox"/> Yes <input type="checkbox"/> No	B7a.	B7b. <input type="checkbox"/> Left front <input type="checkbox"/> Right front <input type="checkbox"/> Left back <input type="checkbox"/> Right back
Lower Extremity	B8. <input type="checkbox"/> Yes <input type="checkbox"/> No	B8a.	B8b. <input type="checkbox"/> Left front <input type="checkbox"/> Right front <input type="checkbox"/> Left back <input type="checkbox"/> Right back

STATION 3: WASH

B9. Is the individual still contaminated after first decontamination has been completed? Yes No

Instructions: If “yes”, complete a second decontamination. If no, send individual to Station 6: Radiation Dose Assessment.

B10. Is the individual still contaminated after 2 decontamination attempts? Yes No

Instructions: If “yes” or “no”, send individual to Station 6: Radiation Dose Assessment.

STATION 4: FIRST AID

Instructions: If individual was referred directly to First Aid without going through Station 2, complete section B above.

C1. The individual was referred to the first aid station for: Open Wound: Site(s) _____
 Other: _____

C1a. If referred for open wound(s), did the individual have contamination detected in open wound(s)? Yes No

C1b. If yes, was wound decontamination performed? Yes No

STATION 5: REGISTRATION

CONTACT INFORMATION

Instructions: Section D should be completed by the individual. Adults should complete the form for accompanying minors.

D1. Name (Last, First, Middle Initial): <input style="width: 95%;" type="text"/>		D2. Date of birth (MM/DD/YYYY): <input style="width: 95%;" type="text"/>		D3. Age: <input style="width: 80%;" type="text"/> <input type="checkbox"/> Years or <input type="checkbox"/> Months	
D4. Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	D5. Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	D6. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	D7. If female, pregnant? <input type="checkbox"/> No <input type="checkbox"/> Possible <input type="checkbox"/> Yes <input type="checkbox"/> Refused		D9. Primary Phone Number: <input style="width: 95%;" type="text"/>
			D8. Best way to contact you within the next 30 days: <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other: _____		D10. Alternative Phone Number: <input style="width: 95%;" type="text"/>
D11. Mailing Address: <input style="width: 95%;" type="text"/>		D12. City: <input style="width: 95%;" type="text"/>	D13. State: <input style="width: 95%;" type="text"/>	D14. Zip code: <input style="width: 95%;" type="text"/>	D15. Email Address: <input style="width: 95%;" type="text"/>

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EXPOSURE INFORMATION

Instructions: Section E should be completed by the interviewer.

E1. Were you at/near [LOCATION] on [DATE] between [TIME RANGE]? Yes No

Instructions: If yes, complete E1. If no, skip to E2.

E1a. If yes, were you outside? Yes No **Instructions:** If no, skip to E1c.

E1b. How long were you outside before seeking shelter inside? From ____:____ am pm to ____:____ am pm

E1c. How long were you inside before evacuating the area? From ____:____ am pm to ____:____ am pm

E2. Since [TIME AND DATE OF INCIDENT], did you work as a responder in a contaminated area? Yes No

Since [TIME AND DATE OF INCIDENT], have you or do you currently have any of the following symptoms?

E3. Vomiting or diarrhea more than once? Yes No

E4. Passing out or loss of consciousness? Yes No

E5. Loss of memory or disorientation? Yes No

Instructions: If "yes" to any of the following: E1, E2, E3, E4, E5, send individual to Station 6: Radiation Dose Assessment. Otherwise, send individual to Station 7: Discharge.

STATION 6: RADIATION DOSE ASSESSMENT

Instructions: Complete section D and E for those individuals who did not go through Station 5: Registration.

MEDICAL ASSESSMENT

Instructions: Section F should be completed by the public health professional conducting the medical assessment.

F1. Have you received nuclear medicine tests or therapy procedures during the last 30 days? Examples include cardiac stress test, lung scan, PET scan, bone scan, thyroid uptake or ablation, and implanted radioactive seeds (brachytherapy). Yes No Unknown

F2. What is your height? _____ feet _____ inches **F3.** What is your weight? _____ pounds

F4. Urine sample collected for bioassay? Yes No Refused

Instructions: Collect urine if B4 is "positive for contamination" AND E1 is "yes." These question numbers are marked with squares on the form. If urine collected, complete the rest of section F. If urine is not collected, continue completing the form at section G.

F5. If "yes", time since last urination: Don't know OR _____ Hours or Minutes

F6. Bioassay priority: Yes No

Instructions: Priority is "yes" if B10, C1a, E2, E3, E4, or E5 is "yes", or if B5b is "face/front of neck", or if D3 is age less than 18 years, or if D7 is "yes" or "possible". These question numbers are marked with circles on the form. If yes, write "PRIORITY" on specimen container.

F7. Place Laboratory Barcode Label Sticker Here

INTERNAL CONTAMINATION SURVEY

Instructions: Section G should be completed by the professional conducting the assessment for internal contamination.

G1. Detector type: _____ **G2.** Isotope(s)/Isotope Ratio: _____

G3. Body site assessed: Back of Chest Back of Abdomen **G4.** Probe distance: Contact 30 cm 100 cm 200 cm

G5. Gross count rate: _____ CPS CPM **G6.** Background count rate: _____ CPS CPM

G7. Route of Exposure: Inhalation Ingestion **G8.** Time since exposure: _____ hours

G9. Estimated effective dose: _____ mRem REM mSv Sieverts **G9a.** Isotope: _____

G10. Estimated effective dose: _____ mRem REM mSv Sieverts **G10a.** Isotope: _____

STATION 7: DISCHARGE

H1. Disposition: Released to home Referred to healthcare facility Other: _____

H2. Date (MM/DD/YYYY): ____/____/____ **H3.** Time (Military Time): _____:_____

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INSTRUCTIONS

Question	Instructions
Station 1: Initial Sorting	
A1	Individual's ID number or attach individual's barcode label.
A2	Date individual enters CRC.
A3	Time individual enters CRC using Military Time (i.e., 1:15 pm is 13:15).
A4	Preferred spoken language. If language is "other", identify onsite interpreter or other language resources you can use to guide person through the CRC and obtain the information to complete this form.
Station 2: Contamination Screening	
B1	Type of radiation detector used for assessment.
B2	Units of radiation detection measurement.
B3	Screening criteria used.
B4	Results from contamination screening. If "negative for contamination", send individual to Station 5: Registration using Express Lane. If "positive for contamination", staff conducting contamination screening should complete the table below and escort individual to Station 3: Wash.
B5-B8	Contamination found on listed body part.
B5a-B8a	Contamination measurement found on that body part.
B5b-B8b	Specific location of contamination on that body part.
Station 3: Wash	
B9	After completing the first decontamination, indicate whether individual is still contaminated. If "yes", complete a second decontamination. If "no", send individual to Station 6: Radiation Dose Assessment.
B10	After completing the second decontamination, indicate whether individual is still contaminated. If "yes" or "no", send individual to Station 6: Radiation Dose Assessment for internal contamination evaluation.
Station 4: First Aid	
C1	Reason individual was referred to first aid station. If referred for open wound(s), indicate the body site(s) for those wounds. If referred for other reason, please describe.
C1a	If individual was referred for open wound(s), indicate whether contamination was detected in open wounds.
C1b	If contamination was detected in open wound(s), indicate whether open wounds were decontaminated.
Station 5: Registration	
Contact Information <i>(Should be completed by the individual.)</i>	
D1	Individual's last name, first name, and middle initial.
D2	Individual's date of birth.
D3	Individual's age. Indicate if this age is in years or months.
D4	Individual's ethnicity.
D5	Individual's race. Check all that apply.
D6	Individual's gender.
D7	If female, individual's pregnancy status.
D8	Best way to contact the individual within the next 30 days.
D9	Individual's primary phone number.
D10	Individual's alternative phone number.
D11	Individual's mailing address. Include street number and street name, apartment number, post office box, and any other relevant address information.
D12	Individual's city.
D13	Individual's state.
D14	Individual's zip code.
D15	Individual's email address.

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Exposure Information <i>(Should be completed by the interviewer.)</i>	
<ul style="list-style-type: none"> If the individual answers “yes” to any of the following: E1, E2, E3, E4, E5, send individual to Station 6: Radiation Dose Assessment. If the individual answers “no” to all of the following: E1, E2, E3, E4, E5, send individual to Station 7: Discharge. 	
E1	Individual’s presence in the affected area during and following the incident. If “yes”, complete section E. If “no”, skip to E2.
E1a	Individual’s location (i.e., indoors or outdoors) in the affected area. If inside, skip to D2.
E1b	Time interval that individual was outside in the affected area.
E1c	Time interval that individual was inside a building in the affected area.
E2	Individual’s occupation as a responder at the [LOCATION] during and following the incident.
E3	Since incident date and time, indicate whether individual experienced vomiting or diarrhea more than once.
E4	Since incident date and time, indicate whether individual passed out or lost consciousness.
E5	Since incident date and time, indicate whether individual experienced loss of memory or disorientation.
Station 6: Radiation Dose Assessment <i>(Staff at this station will also need to complete sections D and E for individuals who did not go through Station 5: Registration.)</i>	
Medical Assessment <i>(Should be completed by the health professional.)</i>	
F1	Individual’s history of nuclear medicine or radiation therapy procedures during the last 30 days. This may affect bioassay or internal contamination assessment results.
F2	Individual’s height in feet and inches.
F3	Individual’s weight in pounds.
F4	Indicate if individual provided a urine sample for bioassay analysis. Collect urine if answer to question B4 is positive for contamination AND E1 is “yes”. If urine was collected, complete the rest of section F. If urine was not collected, continue completing the form at section G.
F5	If urine sample collected for bioassay, individual’s time since last urination prior to sample collection.
F6	Individual’s priority for bioassay analysis once urine collected. If “yes”, write “priority” on specimen container. Assign a priority of “yes” if ANY of the following apply. These questions are also marked with circled question numbers on the form and include: <ul style="list-style-type: none"> Question B5b: Contamination found in “face/front of neck” Question B10: “Yes” to detectable contamination after 2 decontamination attempts Question C1a: “Yes” to contaminated open cuts or wounds Question D3: Age is less than 18 years Question D7: “Yes” or “possible” pregnancy Question E2: “Yes” to responder who worked at the incident Question E3-E5: “Yes” to any symptoms
F7	Attach laboratory barcode in the box.
Internal Contamination Survey <i>(Should be completed by the professional conducting the assessment for internal contamination. Perform internal contamination surveys for individuals that meet “priority” criteria according to F6.)</i>	
G1	Type of radiation detector being used for internal contamination survey.
G2	Isotope(s) and/or isotope ratio.
G3	Indicate what individual’s body part was assessed.
G4	Distance probe was held from body (in centimeters).
G5	Gross count rate measurement and units.
G6	Background count rate measurement and units.
G7	Route of exposure.
G8	Time since exposure in hours.
G9-G10	Estimated effective dose for each isotope.
Station 7: Discharge	
H1	Indicate individual’s disposition. If other, specify.
H2	Indicate date of discharge.
H3	Indicate time of discharge using Military Time (i.e., 1:15 pm is 13:15).