

# CONTAMINATION ASSESSMENT FORM

Name: \_\_\_\_\_  
(Last) (First) (MI)

ID Number: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Has the person recently had a stress test, brachytherapy, PET scan, thyroid ablation, or other nuclear medicine procedure?

Yes  No If yes, contamination screening results may be elevated.

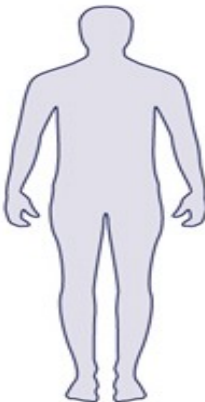

Screening Criteria: \_\_\_\_\_ cpm Background: \_\_\_\_\_ cpm  
 (counts per minute)

**Instructions:**

- Record measured levels of contamination for specified areas.
- Mark contamination findings on diagrams.
- Identify contaminated wounds, if present.
- Place an "X" in the box if no measurements were taken.

**Table 1: Pre-Decontamination Measurements (in cpm)**


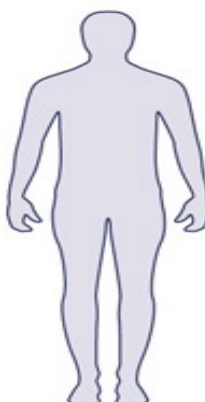
	Front	Back		
Head				
Breathing Zone				
Torso				
	Left	Right		
Arm				
Hand				
Leg				
Sole of Shoe				

FRONT BACK

**Table 2: Post-Decontamination Measurements (in cpm)**

	Front	Back		
Head				
Breathing Zone				
Torso				
	Left	Right		
Arm				
Hand				
Leg				
Sole of Shoe				

FRONT BACK