

Shelter: _____

Reunification: _____

Unique ID: _____

Please answer the following questions as best you can:

1. When did you arrive at the registration center?

DATE: _____ TIME: _____ AM / PM

2. What is your full name?

 LAST _____ M.I. _____
 FIRST _____

3. What is your sex?
 Male Female Don't Know

4. What is your date of birth?

 ____ / ____ / ____ Don't Know
 M M D D Y Y Y Y

5. What is your home address?

 STREET _____ APT # _____
 CITY _____ STATE _____ ZIP _____

5A. Home telephone: (____) _____ - _____

5B. Cell/other phone: (____) _____ - _____

5C. Email: _____

 None Don't Know

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

 LAST _____ M.I. _____
 FIRST _____

 STREET _____ APT # _____
 CITY _____ STATE _____ ZIP _____

7A. Home telephone: (____) _____ - _____

7B. Cell/other phone: (____) _____ - _____

7C. Email: _____

 None Don't Know

8. Please list any additional family members:
 None Don't Know

NAME (Last, First)	DOB	SEX (M/F)	REGISTER DATE

9. Before the event, did you have any of the following conditions? (check all that apply)
 Chronic illness Other disability
 Physical disability None
 Don't Know

10. If yes above, please describe your condition(s):
11. As a result of this event, are you in need of any of the following? (check all that apply)
 Medications/supplies Medical care
 Food or Water Transportation
 Shelter Counseling
 Utilities Help finding family
 Other

SPECIFY: _____

12. Were you exposed to this event as
(check all that apply):
 A resident A responder or rescue worker
 A passerby A government official
 An employee A clean-up worker
 A student A non-governmental
 Don't Know organization/site volunteer
 Not Applicable

13. Were you at the event site when the event started?
 Yes → If yes, at what TIME? _____ AM / PM
 No
 Don't Know

14. Your location at the start of the event
(either of the following):

 Street: _____
 Nearest building: _____
 Intersection: _____
 Don't Know

15. At the start of the event, were you
(check all that apply):
 Inside a building or structure
 Inside a car or other vehicle
 Outside Don't Know
 Underground
 At some other location, SPECIFY: _____

16. How were you exposed at the event?
(check all that apply)
 Skin bare outside during event (dermal) Don't Know
 Eating contaminated food (ingestion)
 Breathing in the contaminated area (inhalation)

17. Were you evacuated or asked to leave as a result of the event?
 Yes → If yes, at what TIME? _____ AM/PM
 No
 Don't Know

18. Were you decontaminated as a result of the event?
 Yes No Don't Know

OTHER ADDITIONAL COMMENTS:
