



## Medical History for Individual Involved in Radiological Incident

This form is intended to provide vital information to medical personnel in the event of a radiation-related injury at Fermilab requiring hospitalization or emergency room treatment. Fill it out as completely as possible and use extra sheets if necessary.

PATIENT NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Fermilab Contact: \_\_\_\_\_ Extension: (630) 840-\_\_\_\_\_

If this extension is not answered, call the Fermilab Switchboard at (630) 840-3000.

Time of Accident: \_\_\_\_\_ a.m./p.m. Date of Accident: \_\_\_\_\_

Brief description of the accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any injuries and first aid given: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RADIATION EXPOSURE:**

Was the individual exposed to penetrating radiation? YES NO

If no, skip to CONTAMINATION section.

Circle one: Whole Body Exposure In-Beam Exposure

If In-Beam exposure, include a copy of the Body Chart denoting the location.

Dose Estimate: \_\_\_\_\_ rem Pocket/Electronic Dosimeter  
\_\_\_\_\_ rem Modified Bicon Analyst Measurements  
\_\_\_\_\_ rem NaI Scintillation Measurements  
\_\_\_\_\_ rem Other: \_\_\_\_\_

When will dosimetry results (TLD, neutron) be available: \_\_\_\_\_

**CONTAMINATION:**

Is there evidence of contamination on the individual? YES NO

If no, skip to ASSAY section.

List radionuclides that may be involved: \_\_\_\_\_  
\_\_\_\_\_

Are toxic or corrosive chemicals involved? YES NO

List and describe treatments given: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

External Contamination

Have any decontamination efforts been undertaken? YES NO

Describe efforts and level of success: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Include a completed Body Chart indicating location(s) of contamination and levels.  
Note: A useful conversion factor for Fermilab friskers is 3350 cpm is approximately 1 mR/hr.

Internal Contamination

Likely pathway of intake: Inhalation Ingestion Absorption Other: \_\_\_\_\_

How much radioactive material is potentially involved? \_\_\_\_\_  $\mu$ Ci

Have therapeutic measures such as blocking agents  
or isotopic dilution been taken? YES NO

List and describe treatments given: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ASSAY:**

Have personal items removed from the individual been  
saved for analysis to aid in dose assessment? YES NO

Have excreta been collected for analysis? YES NO

If yes, please list: \_\_\_\_\_

When are the results expected? \_\_\_\_\_

**DIRECTIONS TO DELNOR COMMUNITY HOSPITAL:**

Take Wilson St. to Kirk Rd. Turn right on Kirk Rd. to go north to Fabyan Parkway.  
Turn left on Fabyan Parkway and travel west to Randall Rd. Turn right onto Randall.  
The hospital will be on the left side of the road about 1 or 2 miles north on Randall.