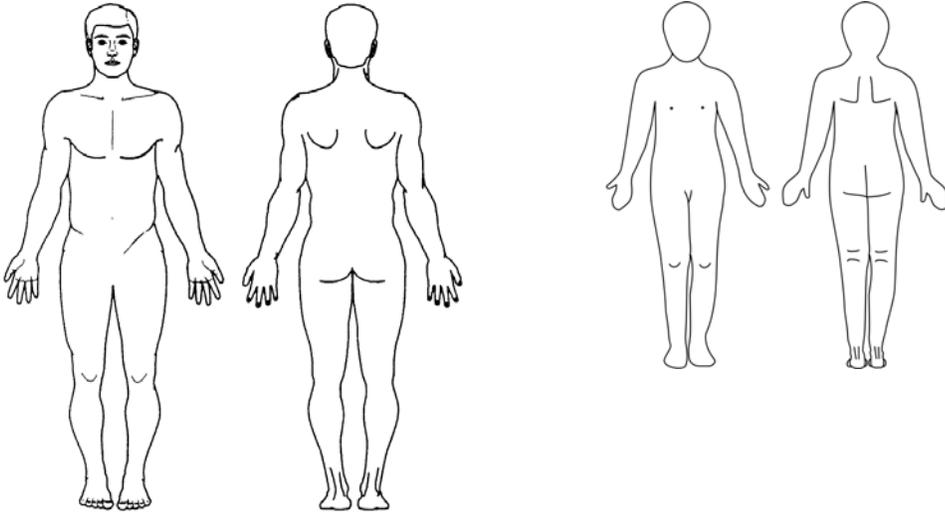


AFRRI Biodosimetry Worksheet

(Medical Record of Radiation Dose and Contamination)

Adapted from draft NATO STANAG (standardization agreement) 2474, Appendix 1

Reporting Authority (person creating this report)			
Name (last, first):			
Unit:		Country of origin:	
Phone:		FAX:	E-mail:
Location:		Date (YYMMDD):	Time:
Casualty			
Name (last, first):		Rank:	Service number:
Parent unit:		Parent unit location:	
Parent unit phone:		Parent unit FAX:	Parent unit e-mail:
Country of origin:		Location of casualty:	
History of presenting injury: <small>(Note: Use page 4 for additional space.)</small>			
History of previous radiation exposure: <small>(Note: Use page 4 for additional space.)</small>			
Past medical history (general): <small>(Note: Use page 4 for additional space.)</small>			
Exposure Conditions			
Date of exposure (YYMMDD):		Exposure location:	
Time of exposure:	Weather conditions (at time of exposure):		
Exposure Results			
Accompanying injuries <small>(Note: use page 4 for additional space):</small>			
External Exposure Overview			
Total body: Yes No		Partial body: Yes No	
Contamination Overview			
External contamination: Yes No		Contaminated wound: Yes No	
Internal contamination: Yes No		If yes, describe <small>(Note: use page 4 for additional space):</small>	
Signs and Symptoms (None 0; Mild 1; Moderate 2; Severe 3)			
Nausea:	Time (onset):	Duration:	Severity:
Vomiting:	Time (onset):	Duration:	Severity:
Headache:	Time (onset):	Duration:	Severity:
Diarrhea:	Time (onset):	Duration:	Severity:
Fatigue:	Time (onset):	Duration:	Severity:
Erythema: <small>(body location)</small>	Time (onset):	Duration:	Severity:
Possibly confounding medical measures (e.g., antiemetics), specify: <small>(Note: use page 4 for additional space)</small>			
Administered where:		Administered when:	

Contamination: Dose Assessment			
Name (last, first):			Unit:
Phone:	FAX:		E-mail:
Country of origin:		Place:	
Date dose assessed (YYMMDD):		Time dose assessed:	
Contamination: External/Internal Contamination			
Substance trademark (if applicable):			
Solid: Yes No	Gaseous (G): Yes No		
Particulate (P): Yes No	Aerosol (L/G): Yes No		
Liquid (L): Yes No	Aerosol (P/G): Yes No		
Radionuclide(s):		Chemical compound(s):	
Activity (Bq):			
Contamination Distribution 			Comments: (Note: use page 4 for additional space)
Route of Intake (in case of internal contamination)			
Inhalation: Yes No	Ingestion: Yes No		
Cutaneous: Yes No	Other: Yes No		
If yes, specify:			
Contamination Assessment			
Name of person responsible (last, first):			Unit:
Contamination measurement:		Detection device:	
Counts per minute:		Estimated activity:	
Decontamination measures:		Residual contamination:	
Measures taken to prevent uptake:			
Measures taken to minimize reabsorption:			
Measures taken to increase excretion:			

External Exposure: Dose Assessment

Name (last, first):		Unit:
Phone:	FAX:	E-mail:
Country of origin:		Place:
Dose assessment date (YYMMDD):		Dose assessment time:

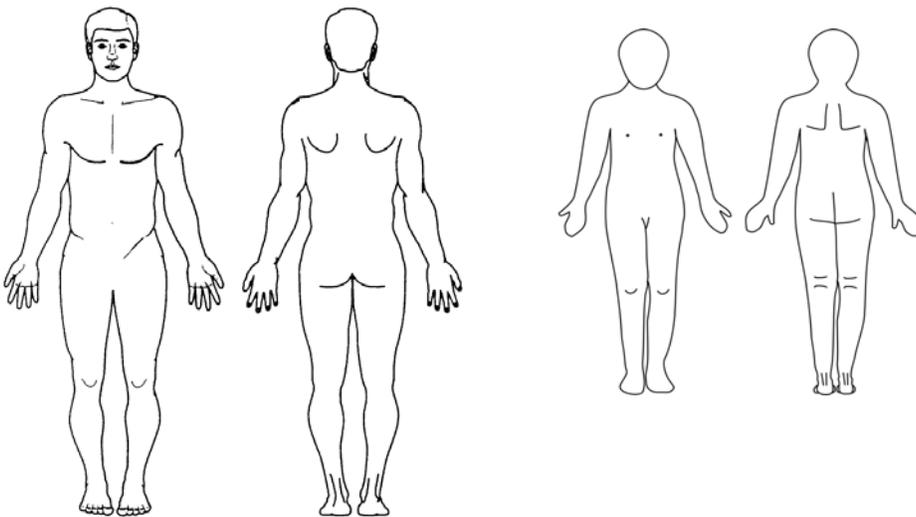
Nature of Exposure: Radiation Source

Alpha (α):	Yes	No	Beta (β):	Yes	No
Gamma (γ):	Yes	No	X-ray (x):	Yes	No
Neutron (n):	Yes	No	Mixed n/ γ :	Yes	No
Dose rate (at distance measured from):			Distance to source:		
Activity of source (if known):			Duration of exposure:		
Type of dosimeter (if applicable):			Site dosimeter was worn:		
Facility where dosimeter was read:			Dosimeter reading:		
Biological dosimetry type (if applicable):				Facility (where biological dosimetry performed):	

Blood Cell Counts

	First	Second	Third	Fourth	Fifth
Date collected (YYMMDD)					
Time collected					
Date analyzed (YYMMDD)					
Time analyzed					
Monocytes (E+09)/liter					
Granulocytes (E+09)/liter					
Lymphocytes (E+09)/liter					
Platelets (E+09)/liter					

Dose Distribution



Comments:
(Note: use page 4 for additional space)

Comments:
(Note: use page 4 for additional space)

Additional comments: