

Appendix I. Registry form

Date _____

Full Name: _____

Date of birth: _____ / _____ / _____ Sex: M F
Day Month Year

Nationality: _____ Place of birth: _____

ID type and number: _____

Current permanent full address: _____

Telephone No _____

Member of: Public Emergency Services Other (specify) _____

Witness to the incident: Yes No Photographed: Yes No

Possibly pregnant: No Yes If yes, estimate term: _____

Location(s) during emergency: _____

Time spent at each location: _____

Radiological survey performed: No¹ Yes Instrument type: _____

Model: _____ Background reading: _____ Personal survey measurements:

< 1 µSv/h: > 1 µSv/h:

Decontamination procedures performed:

Field decontamination: Yes No Full decontamination: Yes No

Medical triage category: (based on the medical condition):

Priority 1: need immediate treatment

Priority 2: need early treatment

Priority 3: can wait for treatment

No actions: any need for treatment

Scheduled for follow-up: Yes No

Remarks:

Signature: _____ (full name)

Date: _____ Time: _____

Organization: _____

Telephone number: _____

Provide the form to Resource coordinator or _____ (specify)

¹ Should be managed as contaminated if not monitored or decontaminated.

