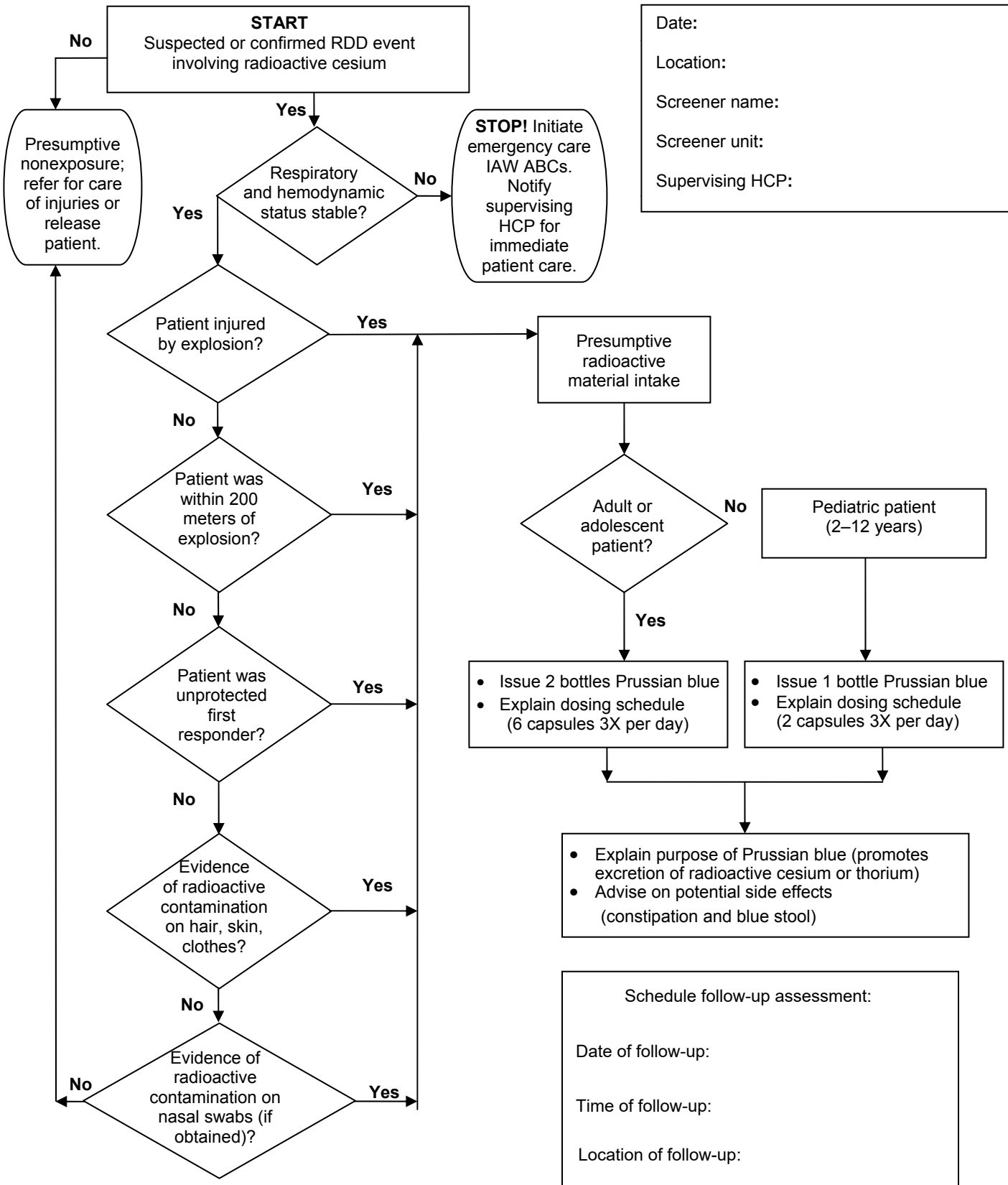
Radiocesium RDD (Radiation Dispersal Device) Patient Initial Contact Work Sheet



Date:

Location:

Screener name:

Screener unit:

Supervising HCP:

Schedule follow-up assessment:

Date of follow-up:

Time of follow-up:

Location of follow-up:

Patient's ID (name, grade, SSN, telephone number):

Refer for further care of injuries or release patient.