



## FLORIDA DEPARTMENT OF HEALTH COMMUNITY RECEPTION CENTER (CRC) FORM

### STATION 1: INITIAL SORTING

**Instructions:** Attach ID band barcode label here OR enter ID Number.

A1. Barcode or ID Number: \_\_\_\_\_

A2. Date (MM/DD/YYYY):

/	/	
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A3. Time (Military Time):

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A4. What is your preferred spoken language?  English  Other: \_\_\_\_\_

### STATION 2: RADIATION CONTAMINATION SCREENING

B1. Detector type:  Hand Held  Portal Monitor    B2. Units:  CPS  CPM    B3. Screening Criteria: \_\_\_\_\_

**B4.** Initial screening results:  Negative for contamination  Positive for contamination

**Instructions:** If “negative for contamination”, send individual to Station 5: Registration using Express Lane. If “positive for contamination”, officials conducting radiation contamination screening should complete the table below and escort individual to Station 3: Wash.

Body Area	Contaminated?	If contaminated, measurement?	If contaminated, area of body?
Head/Neck	B5. <input type="checkbox"/> Yes <input type="checkbox"/> No	B5a.	<b>B5b.</b> <input type="checkbox"/> Face/front of neck <input type="checkbox"/> Other
Trunk	B6. <input type="checkbox"/> Yes <input type="checkbox"/> No	B6a.	B6b. <input type="checkbox"/> Left front <input type="checkbox"/> Right front <input type="checkbox"/> Left back <input type="checkbox"/> Right back
Upper Extremity	B7. <input type="checkbox"/> Yes <input type="checkbox"/> No	B7a.	B7b. <input type="checkbox"/> Left front <input type="checkbox"/> Right front <input type="checkbox"/> Left back <input type="checkbox"/> Right back
Lower Extremity	B8. <input type="checkbox"/> Yes <input type="checkbox"/> No	B8a.	B8b. <input type="checkbox"/> Left front <input type="checkbox"/> Right front <input type="checkbox"/> Left back <input type="checkbox"/> Right back

### STATION 3: WASH

B9. Is the individual still contaminated after first decontamination has been completed?  Yes  No

**Instructions:** If yes, complete a second decontamination. If no, send individual to Station 6: Radiation Dose Assessment.

**B10.** Is the individual still contaminated after 2 decontamination attempts?  Yes  No

**Instructions:** If yes or no, send individual to Station 6: Radiation Dose Assessment.

### STATION 4: FIRST AID

**Instructions:** If individual was referred directly to First Aid without going through Station 2, complete section B above.

C1. The individual was referred to the first aid station for:  Open Wound: Site(s) \_\_\_\_\_  
 Other: \_\_\_\_\_

**C1a.** If referred for open wound(s), did the individual have radiation contamination detected in open wound(s)?  Yes  No

C1b. If yes, was wound decontamination performed?  Yes  No

### STATION 5: REGISTRATION

#### CONTACT INFORMATION

**Instructions:** Section D should be completed by the individual. Adults should complete the form for accompanying minors.

D1. Name (Last, First, Middle Initial):

D2. Date of birth (MM/DD/YYYY):

/	/	
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**D3.** Age:   
 Years or  Months

D4. Ethnicity:

- Hispanic  
 Non-Hispanic  
 Unknown  
 Refused

D5. Race (check all that apply):

- White  Black  
 Asian/Pacific Islander  
 Native American  
 Unknown  
 Refused

D6. Gender:

- Male  
 Female  
 Unknown  
 Refused

**D7.** If female, pregnant?

- No  Possible  
 Yes  Refused

D8. Best way to contact you within the next 30 days:

- Phone  Mail  Email  
 Other: \_\_\_\_\_

D9. Primary Phone Number:

D10. Alternative Phone Number:

D11. Mailing Address:

D12. City:

D13. State:

D14. Zip code:

D15. Email Address:



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EXPOSURE INFORMATION

Instructions: Section E should be completed by the interviewer.

E1. Were you inside the Lime County Convention Center on July 12, 2011 between 10 am and 2 pm? Yes No

Instructions: If yes, complete E1. If no, skip to E2.

E1a. If yes, were you inside the G25 main meeting room? Yes No Instructions: If no, skip to E2.

E1b. If yes, how long were you inside the G25 main meeting room? From : am pm to : am pm

E1c. If yes, were you sprayed with water from the ceiling? Yes No

E2. Since 10am on July 12, 2011, did you work as a responder at the Lime County Convention Center? Yes No

Since July 12, 2011 at 10 am, have you or do you currently have any of the following symptoms?

E3. Vomiting or diarrhea more than once? Yes No

E4. Passing out or loss of consciousness? Yes No

E5. Loss of memory or disorientation? Yes No

Instructions: If yes to any of the following: E1, E2, E3, E4, E5, send individual to Station 6: Radiation Dose Assessment. Otherwise, send individual to Station 7: Discharge.

Station 6: Radiation Dose Assessment

INSTRUCTIONS: Complete Section D and E for those individuals who did not go through Station 5: Registration.

MEDICAL ASSESSMENT

Instructions: Section F should be completed by the public health professional conducting the medical assessment.

F1. Have you received nuclear medicine tests or therapy procedures during the last 30 days? Examples include cardiac stress test, lung scan, PET scan, bone scan, thyroid uptake or ablation, and implanted radioactive seeds (brachytherapy). Yes No Unknown

F2. What is your height? feet inches F3. What is your weight? (pounds)

F4. Urine sample collected for bioassay? Yes No Refused

Instructions: Collect urine if B4 is "positive for contamination" AND E1 is "yes." These question numbers are marked with squares on the form. If urine collected, complete the rest of section F. If urine is not collected, continue completing the form at section G.

F5. If yes, time since last urination: Don't know OR Hours or Minutes

F6. Bioassay priority: Yes No

Instructions: Priority is "yes" if B10, C1a, E2, E3, E4, or E5 is "yes", or if B5b is "face/front of neck", or if D3 is age less than 18 years, or if D7 is "yes" or "possible". These question numbers are marked with circles on the form. If yes, write "PRIORITY" on specimen container.

F7. Place Laboratory Barcode Label Sticker Here

INTERNAL CONTAMINATION SURVEY

Instructions: Section G should be completed by the professional conducting the assessment for internal contamination.

G1. Detector type: G2. Isotope(s)/Isotope Ratio:

G3. Body site assessed: Back of Chest Back of Abdomen G4. Probe distance: Contact 30 cm 100 cm 200 cm

G5. Gross count rate: CPS CPM G6. Background count rate: CPS CPM

G7. Route of Exposure: Inhalation Ingestion G8. Time since exposure: hours

G9. Estimated effective dose: mRem REM mSv Sieverts G9a. Isotope:

G10. Estimated effective dose: mRem REM mSv Sieverts G10a. Isotope:

Station 7: DISCHARGE

H1. Disposition: Released to home Referred to healthcare facility Other:

H2. Date (MM/DD/YYYY): / / H3. Time (Military Time): :



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**INSTRUCTIONS**

<b>Question</b>	<b>Instructions</b>
<b>Station 1: Initial Sorting</b>	
A1	Individual's ID number or attach individual's barcode label
A2	Date individual enters CRC
A3	Time individual enters CRC using 24 hour clock (i.e. 1:15 pm is 13:15)
A4	Preferred spoken language. If language is "other", identify onsite interpreter or other language resources you can use to guide person through the CRC and obtain the information to complete this form.
<b>Station 2: Radiation Contamination Screening</b>	
B1	Type of radiation detector used for assessment
B2	Units of radiation detection measurement
B3	Screening criteria used
B4	Results from radiation contamination screening. If "negative for contamination", send individual to Station 5: Registration using Express Lane. If "positive for contamination", officials conducting radiation contamination screening should complete the table below and escort individual to Station 3: Wash.
B5-B8	Contamination found on listed body part
B5a-B8a	Contamination measurement found on that body part
B5b-B8b	Specific location of contamination on that body part
<b>Station 3: Wash</b>	
B9	After first decontamination completed, indicate whether individual still has radiation contamination. If yes, complete a second decontamination. If no, send individual to Station 6: Radiation Dose Assessment.
B10	After second decontamination completed, indicate whether individual still has radiation contamination. If yes or no, send individual to Station 6: Radiation Dose Assessment for internal contamination evaluation.
<b>Station 4: First Aid</b>	
C1	Reason individual was referred to first aid station. If referred for open wound(s), indicate the body site(s) for those wounds. If referred for other reason, please describe
C1a	If individual was referred for open wound(s), indicate whether radiation contamination was detected in open wounds
C1b	If radiation contamination was detected in open wound(s), indicate whether open wounds were decontaminated
<b>Station 5: Registration</b>	
<b>Contact Information: Should be completed by the individual.</b>	
D1	Individual's last name, first name, and middle initial
D2	Individual's date of birth
D3	Individual's age. Indicate if this age is in years or months.
D4	Individual's ethnicity
D5	Individual's race. Check all that apply.
D6	Individual's gender
D7	If female, individual's pregnancy status
D8	Best way to contact the individual within the next 30 days
D9	Individual's primary phone number
D10	Individual's alternative phone number
D11	Individual's mailing address. Include street number and street name, apartment number, post office box, and any other relevant address information.
D12	Individual's city
D13	Individual's state
D14	Individual's zip code
D15	Individual's email address
<b>Exposure Information: Should be completed by the interviewer. If the individual answers yes to any of the following: E1, E2, E3, E4, E5, send individual to Station 6: Radiation Dose Assessment. Otherwise, send individual</b>	



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<b>to Station 7: Discharge.</b>	
E1	Individual's presence in the Lime County Convention Center during and following the incident. If yes, complete section E. If no, skip to E2.
E1a	Individual's presence in the affected area of the Convention Center. If no, skip to D2.
E1b	Time interval that individual was present in the affected area of the Convention Center
E1c	Whether individual was sprayed with water from the ceiling in the affected area of the Convention Center
E2	Individual's occupation as a responder at the Convention Center during and following the incident.
E3	Since incident date and time, indicate whether individual experienced vomiting or diarrhea more than once.
E4	Since incident date and time, indicate whether individual passed out or lost consciousness
E5	Since incident date and time, indicate whether individual experienced loss of memory or disorientation
<b>Medical Assessment: Should be completed by the health professional.</b>	
F1	Individual's history of nuclear medicine or radiation therapy procedures during the last 30 days. This may affect bioassay or internal contamination assessment results.
F2	Individual's height in feet and inches
F3	Individual's weight in pounds
F4	Indicate if individual provided a urine sample for bioassay analysis. Collect urine if answer to question B4 is positive for contamination AND E1 is yes. If urine was collected, complete the rest of section F. If urine was not collected, continue completing the form at section G.
F5	If urine sample collected for bioassay, individual's time since last urination prior to sample collection.
F6	Individual's priority for bioassay analysis once urine collected. If yes, write "priority" on specimen container. Assign a priority of yes if ANY of the following apply. These questions are also marked with circled question numbers on the form. <ul style="list-style-type: none"> <li>• Question B5b: Contamination found in "face/front of neck"</li> <li>• Question B10: "Yes" to detectable contamination after 2 decontamination attempts</li> <li>• Question C1a: "Yes" to contaminated open cuts or wounds</li> <li>• Question D3: Age is less than 18 years</li> <li>• Question D7: "Yes" or "possible" pregnancy</li> <li>• Question E2: "Yes" to responder who worked at the incident</li> <li>• Question E3-E5: "Yes" to any symptoms</li> </ul>
F7	Attach laboratory barcode in the box
<b>Internal Contamination Survey: Should be completed by the professional conducting the assessment for internal contamination. Perform internal contamination surveys for individuals that meet "priority" criteria according to F6.</b>	
G1	Type of radiation detector being used for internal radiation contamination survey
G2	Isotope(s) and/or isotope ratio
G3	Indicate what individual's body part was assessed
G4	Probe distance from body in centimeters
G5	Gross count rate measurement and units
G6	Background count rate measurement and units
G7	Route of exposure
G8	Time since exposure in hours
G9-G10	Estimated effective dose for each isotope
<b>Station 7: Discharge</b>	
H1	Indicate individual's disposition. If other, specify.
H2	Indicate date of discharge
H3	Indicate time of discharge using 24 hour clock (i.e. 1:15 pm is 13:15)