

MEDICAL MONITORING OF ENTRY TEAM

NAME: _____
CASE: _____ CASE #: _____
DATE/TIME: _____ EXPOSURE RISK: ___HIGH ___MED ___LOW
PROTECTIVE EQUIPMENT: _____

SUBSTANCE(S) INVOLVED: _____

CONCENTRATION/LENGTH OF EXPOSURE: _____

MEDICAL TESTING: _____

COMMENTS: _____

PRE-ENTRY MEDICAL MONITORING

WEIGHT: _____ TEMPERATURE: _____ METHOD: _____
PULSE: _____ BLOOD PRESSURE: SYSTOLIC____/DIASTOLIC____ METHOD: _____
MONITORING CONDUCTED BY: _____

POST-ENTRY MEDICAL MONITORING

WEIGHT: _____ TEMPERATURE: _____ METHOD: _____
PULSE: _____ BLOOD PRESSURE: SYSTOLIC____/DIASTOLIC____ METHOD: _____
MONITORING CONDUCTED BY: _____

Privacy Act Statement: The information on this form is protected by the Privacy Act of 1974. The purpose of requesting this information is to conduct medical monitoring of entry teams. This information will be used by the U.S. Department of Energy, Nevada Operations Office, its contractors and the home organization of the participant. Failure to provide this information will result in not receiving medical monitoring and could preclude participation on the entry team.

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