

RADIATION SCREENING AND RISK ASSESSMENT

PRIVACY ACT STATEMENT

Authority: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 1071 (NOTE), Annual Beneficiary Survey; 10 U.S.C. Chapter 55, Medical and Dental Care; 42 U.S.C. 11131-11152, Health Care Improvement Act of 1986; 32 C.F.R. 199.17, TRICARE program; 45 C.F.R. Parts 160 and 164, General Administrative Requirements and Security and Privacy; DoDD 3216.2, Protection of Human Subjects and Adherence to Ethical Standards in DoD-Supported Research; DoDD 6025.13, Medical Quality Assurance (MQA) in the Military Health System (MHS); and E.O. 9397 (SSN), as amended.

Purpose: To collect, assemble, interpret, analyze, report and publish surveys; research, study, statistical and informational data, in order to improve the quality of DoD health care and the health status, welfare and well-being of the DoD beneficiary population. Uses of identifiable data include primary analysis; secondary analysis; non-response analysis; and cross-mapping analysis. Results will only be reported in the aggregate.

Routine uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: To the Department of Health and Human Services and/or the Department of Veterans Affairs consistent with their statutory administrative responsibilities pursuant to 10 U.S.C. Chapter 55, Medical and Dental Care, and 38 U.S.C 613, Judiciary and Judicial Procedure. To the Office of Personnel Management for purposes related to DoD Federal employees and/or their health care benefits in DoD. The Department frequently contracts with a private firm for the purpose of conducting surveys or studies and in collecting, analyzing, aggregating, otherwise refining, or evaluating data in this system. Relevant records are disclosed to such contractors. Contractors must maintain Privacy Act of 1974, Health Insurance Portability and Accountability Act of 1996 Privacy and Security Rule training, and observe all required and related safeguards with respect to such records as required by DoD 5400.11-R, Department of Defense Privacy Program, and DoD 6025.18-R, Department of Defense Health Information Privacy Regulation. To State Departments of Health for health care delivery programs, where such programs effect benefits determinations between these Department-level programs, continuity of clinical care, or effect payment for care between Departmental programs inclusive of care provided by commercial entities under contract to these three Departments. To Academia, non profit and commercial entities, for surveys or research, where such releases are consistent with the mission of the Military Health System and where exchange and coordination of information and data are consistent with the Privacy Act of 1974, the Health Insurance Portability and Accountability Act of 1996 Privacy and Security Rules, and applicable DoD Information Security regulations. The DoD Blanket Routine Uses set forth at the beginning of the Office of the Secretary of Defense compilation of systems of records notices apply to this system with the following noted exceptions: NOTE: This system of records contains individually identifiable health information. The DoD Health Information Privacy Regulation, DoD 6025.18-R issued pursuant to the Health Insurance Portability and Accountability Act of 1996, applies to most health information. DoD 6025.18-R may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974 or mentioned in this system of records notice.

Disclosure: Voluntary. However, failure to provide requested information may result in lack of effective medical care/treatment and necessary support/assistance.

1. RADIATION RISK STATEMENT

This form is to document full disclosure of environmental exposures and possible health effects for all personnel and their families who were assigned as permanent or on a temporary assignment in areas from central to northern Japan during the period From 11 March 2011 To _____ (End Date).

RADIATION RISK STATEMENT: Although exposure to ionizing radiation is associated with some degree of risk, epidemiological studies have not demonstrated adverse health effects in individuals exposed to small doses. At doses below 0.05 Sv (5 rem), negative health effects are not observed.

A. Issued Purpose Decontamination Symptomatic Requested/Required

B. Thermoluminescent Device (TLD) Issued During Event Yes No Date Issued: _____ Issued by _____

2. DEMOGRAPHIC INFORMATION

A. Check One Active Duty Family Member/Dependent
 DoD Civilian/Contractor Retiree Other _____

B. Occupation _____

C. Duty Station _____

D. Home Address in area of Duty Station _____

3. CHRONOLOGICAL HISTORY

A. List duties during event (e.g., firefighter, search and rescue, flight crew, decontamination team.)

B. For each day in Japan since March 2011, list location (city), primary duties, and whether if you were primarily inside or outside a building. (e.g., Mar 12: Yokosuka, Naval Hospital, inside)

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; SSN; FMP; Sex; Date of Birth; Rank/Grade.)

HOSPITAL OR MEDICAL FACILITY	STATUS
DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN
RELATIONSHIP TO SPONSOR	

C. List non-routine events location, day/time, and duration (Example: emergency response (3 hr), Search and rescue (3 hr), provide aid (4 hr)):

4. MEDICAL HISTORY

A. Current Medications (list all)

B. Potassium Iodine (KI) doses Yes No Number of Doses: _____

Source of KI (Example: Yokosuka Clinic, Ship, other): _____

C. Previous Decontamination Yes No If Yes, when and where? _____

D. History of Major Illness or Injury Yes No

E. History of Hospitalization or surgery Yes No

F. History of Cancer Yes No If Yes, list type(s): _____

G. Do you Smoke? Yes No If Yes, packs/day _____

H. Do you have Allergies Yes No If Yes, what allergies _____

I. Are you pregnant Yes No NA

J. Breast Feeding? Yes No NA

K. Blood Disorders (i.e., Anemia) Yes No If Yes, list type(s): _____

L. Other (List) _____

PATIENT'S IDENTIFICATION: (For typed or written entries, give:
Name - last, first, middle; SSN; FMP; Sex; Date of Birth; Rank/Grade.)

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M. History of Exposure to Ionizing Radiation

No know previous exposure If previously exposed, current lifetime exposure: _____ (mrem) Previously exposed, unknown lifetime exposure

Previous Radiation Screening and Risk Assessment completed: Yes No If Yes, Dates _____

N. Do you have any concerns regarding your exposure during this period in Japan (please list)?

5. ACKNOWLEDGEMENT OF HEALTH CONSULTATION AND COUNSELING

I understand today's health consultation and was provided information or where to find additional information regarding ionizing radiation exposure.

A. PRINTED NAME	B. SIGNATURE	C. DATE
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6. PROVIDER

A. COMMENTS

No Comments Further evaluation recommended: medical examiner must comment if checked

B. NOTES

C. PROVIDER'S NAME	D. PROVIDER'S SIGNATURE	E. DATE
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; SSN; FMP; Sex; Date of Birth; Rank/Grade.)

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INSTRUCTIONS:

1) Radiation Risk Statement

End Date: Enter date you exited affected areas in risk Statement

A. Purpose: Check one block indicating why this form is being completed as directed below:

Decontamination: as a result of a Decontamination procedure,

Symptomatic: Member is being treated for symptoms related to radiation exposure health issues

Requested/Required: Member requests a screening or is enroute or at terminal exit point leaving Japan.

B. TLD Issued During Event: indicate by circling YES or NO that a Thermoluminescent Device (TLD) was issue to the person identified on this form

Date issue. Write the date (DDMMYY) the TLD was issued and by what entity (command)

2) Demographic Information

A) Check box indicating status:

Active Duty – All members of the Armed forces

DOD Civilian / Contractor - Federal employees or Contractors hired by Department of Defense

Dependents / Retirees - Family members and Retired service members and their family

B) Occupation: What is your job title or what do you do on your job?

C) Duty Station: What is the name of the place you or the active duty member is assigned?

D) Home Address in area of Duty Station: write address of the house you are currently living at you duty Station.

3) Chronological History

1. Duties during event: What duties did you perform as a result of the event in Japan? Example is Firefighter, Worked as a Search and Rescue Crew Member performing rescue operations over Atsugi. List multiple duties if performed multiple functions.

2. For each day in Japan since March 2011, list location (city), primary duties, and whether if you were primarily inside or outside a building. What cities did you perform your duties and what function you were performing there. Indicate whether you routinely worked inside the building or outside the building. (e.g., Mar 12: Yokosuka, Naval Hospital, inside).

3. List non-routine events location, day/time, and duration

List tasks or event that you performed that were occasionally performed and the time spent performing these tasks. (Example: emergency response (3 hr), Search and rescue (3 hr), provide aid (4 hr), Trip to the grocery store (30 min).

4) Medical History

A. Current Medications (list all): List of medication you currently are taking.

B. Potassium Iodide (KI) doses: indicate if you have been taken Potassium Iodine during this event.

-Number of doses: How many times or how long have you been taken this medication?

-Source of KI (Example: Yokosuka clinic, ship, other): Where did you get this medication?

C. Previous Decontamination (circle one): Indicate if you have had a decontamination procedure performed on you (other than frisking). If yes is answered, list where and dates(s) procedure was conducted.

Items D - L.: Indicate appropriate response for each line indicating if you have or had a history of each line item. If a yes response is answered (as applicable), briefly explain.

M. History of Exposure to Ionizing Radiation: Check appropriate box indicating if you have had previous exposure to Ionizing Radiation. If there was a previous exposure list Current lifetime Dose as appropriate.

N. Do you have any concerns regarding your exposure during this period in Japan (please list)? List concerns from this event.

5) ACKNOWLEDGMENT OF HEALTH CONSULTATION AND COUNSELING

Print your full name, Sign and date stating your understanding of this health assessment screening form.

6) PROVIDER

A) Comments- Check appropriate box indicating whether comments or further recommendations are required.

B) Notes- List comments or further recommendations deemed appropriate as a result of this screening of examination.