Form Approved
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INCIDENT CODE:|___|___| SITE # |___|___| INTERVIEWER ID|___|___|___| DATE:|___|___| - |___|___ | - |___|___|___|___| Registrant ID _____

TIME STARTED |___|___| : |___|___ | |___| TIME ENDED |___|___| : |___|___ | |___| M M D D Y Y Y Y
H H M M A/P H H M M A/P

IDENTIFICATION PROVIDED

- ☐ **Social Security** _ _ _ - _ _- _ _ _ _
- ☐ Driver's license: State __ __
  Number_____exp __ / __/ __ ____
- ☐ State ID: State __ __
  Number_____exp __ / __/ __ ____
- ☐ Other ID (describe)_____

REGISTRANT PERSONAL INFORMATION

1. Name _____ , _____ ___
Last First M.I.

2. Date of Birth (mm/dd/yyyy) _ _/_ _ /_ _ _ _

5. Social media account (check all that apply and specify)
Facebook _____ ☐
Twitter _____ ☐
Instagram_____ ☐
Other _____ ☐
Refused ☐

3. A. Street _____
City _____ County_____
State _____ ZIP _____

B. How many children younger than 13 years were in your immediate care during the incident? _____
If 1 or more, complete Question 19 AFTER completing Questions 4–18.

6. What are the best telephone numbers to reach you?

A. (_ _ _) _ _ _ -_ _ _ _ Cell ☐ Home ☐ Work ☐
B. (_ _ _) _ _ _ -_ _ _ _ Cell ☐ Home ☐ Work ☐

4. Email _____

7. Sex (circle one) Male Female
Other (specify)_____
8. If female, (circle one) Pregnant Not pregnant
Don't know/refused

EMERGENCY CONTACT INFORMATION (Must live at a different address than registrant)

9. Name _____ , _____ , _____
(Last, First, M.I.)

11. Email
_____

10. Street address _____

City _____ County_____
State __ __ ZIP _____

12. What are the best telephone numbers to reach them?
A. (_ _ _) _ _ _ -_ _ _ _ Cell ☐ Home ☐ Work ☐
B. (_ _ _) _ _ _ -_ _ _ _ Cell ☐ Home ☐ Work ☐

EXPOSURE INFORMATION on [DATE] at [TIME]

13. Were you exposed to this incident as (check all that apply):

☐ Facility employee (if applicable)
☐ Passerby ☐ First responder
☐ Clean-up worker or volunteer
☐ Government official (including military)
☐ Resident ➡ **Skip to Question 15**
☐ Other _____

14. A. Street address_____
City _____ County_____
State _____ ZIP _____

B. Nearest intersection/building/landmark
_____

15. Physical location (check all that apply)
☐ Inside building ☐ Outside ☐ Inside a car/vehicle
☐ Other _____

HEALTH/NEED

16. As a result of this incident, did you get injured or ill? ***Refer to Epi CASE Symptom Checker for codes***
☐ Yes ☐ ☐ ☐ ☐ ☐
☐ No
☐ Don't know/refused

17. As a result of this incident, are you personally in need of anything? (check all that apply)
☐ Medicine or medical supplies ☐ Medical care
☐ Mental health care ☐ Water ☐ Shelter ☐ Food
☐ Utilities ☐ Transportation
☐ Other, specify
_____
☐ Don't know/refused

18. For radiological and nuclear incidents only: If you had repeated vomiting AFTER the incident, how long after the incident [date and time] did it start? (circle one) less than 1 hour 1-2 hours 3-6 hours more than 6 hours Did not vomit Don't know/Refused

CHILDREN YOUNGER THAN 13 YEARS IN YOUR IMMEDIATE CARE DURING THE INCIDENT

19. For each child, please provide the date of birth *or* age, sex, and injuries or illness that resulted from this incident. ***Refer to the Epi CASE Symptom Checker for codes.***

	Date of birth (mm/dd/yyyy)	Age (years)	Sex (circle one)		Child's injury or illness				
1.	__/_ _/_ _ _ _	_____	Male	Female	☐	☐	☐	☐	☐
2.	__/_ _/_ _ _ _	_____	Male	Female	☐	☐	☐	☐	☐
3.	__/_ _/_ _ _ _	_____	Male	Female	☐	☐	☐	☐	☐
4.	__/_ _/_ _ _ _	_____	Male	Female	☐	☐	☐	☐	☐
5.	__/_ _/_ _ _ _	_____	Male	Female	☐	☐	☐	☐	☐