

CONTAMINATION ASSESSMENT FORM

Name: _____
(Last) (First) (MI)

ID Number: _____ Date: _____ Time: _____

Has the person recently had a stress test, brachytherapy, PET scan, thyroid ablation, or other nuclear medicine procedure?

Yes No If yes, contamination screening results may be elevated.

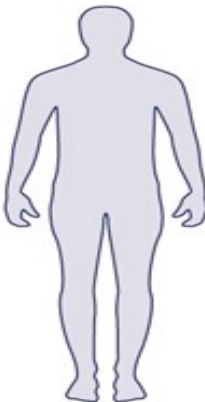
Screening Criteria: _____ cpm Background: _____ cpm
 (counts per minute)

Instructions:


- Record measured levels of contamination for specified areas.
- Mark contamination findings on diagrams.
- Identify contaminated wounds, if present.
- Place an "X" in the box if no measurements were taken.

Table 1: Pre-Decontamination Measurements (in cpm)

	Front	Back		
Head				
Breathing Zone				
Torso				
	Left	Right		
Arm				
Hand				
Leg				
Sole of Shoe				




FRONT



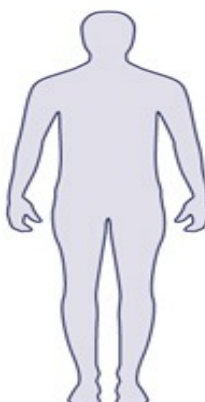
BACK

Table 2: Post-Decontamination Measurements (in cpm)

	Front	Back		
Head				
Breathing Zone				
Torso				
	Left	Right		
Arm				
Hand				
Leg				
Sole of Shoe				



FRONT



BACK