



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT COMMUNITY RECEPTION CENTER (CRC) TEMPLATE

Barcode or ID Number:

REGISTRATION

CONTACT INFORMATION

B1. Name (Last, First, Middle Initial):

B2. Date of birth (MM/DD/YYYY):

B3. Age: _____

Years or Months

B4. Ethnicity:

- Hispanic
- Non-Hispanic
- Unknown
- Refused

B5. Race (check all that apply):

- White Black
- Asian/Pacific Islander
- Native American
- Unknown
- Refused

B6. Gender:

- Male
- Female
- Unknown
- Refused

B7. If female, pregnant?

- No
- Yes
- Possible
- Refused

B8. Primary Phone Number:

B9. Alternative Phone Number:

B10. Mailing Address:

B11. City:

B12. State:

B13. Zip code:

B14. Email Address:

B15. Height: _____ feet _____ inches

B16. Weight (pounds): _____

B17. What is the best way to contact you during the next 30 days? Phone Mail Email Other: _____

B18. What is the name and contact information for a person outside of the affected area?

Name (Last, First, Middle Initial):

Primary Phone Number:

B19. Did you arrive here today with: a. Vehicle Yes No

b. Service animal Yes No

c. Pet Yes No

B20. Names of other family members who came with you: _____ Date of Birth ____/____/____.

_____ Date of Birth ____/____/____.

_____ Date of Birth ____/____/____.

_____ Date of Birth ____/____/____.

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EXPOSURE INFORMATION

INSTRUCTIONS: This section should be completed by the interviewer.

C1. Please describe the capacity in which you may have been exposed?

- First Responder (fire, law enforcement, EMS)
Other on-scene responder
Local State Federal Other (specify)
General Public
Other (specify)

C2. Did you wear Personal Protective Equipment? Yes If yes, specify: No

C3. Did you see or hear an explosion? Yes No

C4. Were you indoors or outdoors at the time of the radiation incident? indoors outdoors

C5. Location and address of where you were during the radiation incident:

Location
Street
City State Zip Code

C6. Since the incident, have you or do you currently have any of the following symptoms?

Table with 2 columns: Symptom description and Yes/No response options.

DISCHARGE

D1. Disposition: Released to home Released to shelter Referred to healthcare facility

Other (specify):



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INSTRUCTIONS

REGISTRATION	
Contact Information: Should be completed by the individual.	
B1	Individual's last name, first name, and middle initial
B2	Individual's date of birth in month, day, year format.
B3	Individual's age. Indicate if this age is in years or months.
B4	Individual's ethnicity
B5	Individual's race. Check all that apply.
B6	Individual's gender
B7	If female, individual's pregnancy status
B8	Individual's primary phone number
B9	Individual's alternative phone number
B10	Individual's mailing address. Include street number and street name, apartment number, post office box, and any other relevant address information.
B11	Individual's city
B12	Individual's state
B13	Individual's zip code
B14	Individual's email address
B15	Individual's height in feet and inches
B16	Individual's weight in pounds
B17	Best way to contact individual during the next 30 days. Check phone, mail, email or other. If other, specify.
B18a	Name of contact person outside of the affected area. Last name, first name, and middle initial.
B18b	Primary phone number for contact person outside of the affected area.
B19a	Note whether the individual arrived at the CRC with a vehicle
B19b	Note whether the individual arrived at the CRC with a service animal
B19c	Note whether the individual arrived at the CRC with a pet
B20	List the names of all family members who came with the individual to the CRC
Exposure Information: Should be completed by the interviewer.	
C1	The capacity in which the individual was exposed. Select first responder, other on-scene responder, general public, or other. If other, specify.
C2	Check whether the individual wore Personal Protective Equipment. If yes, specify.
C3	Did the individual hear an explosion?
C4	Was the individual indoors or outdoors at the time of the radiation release?
C5	Location and address of where the person was at the time of the incident
C6	Has the individual vomited or had diarrhea more than once following the incident?
C6a	If individual did experience vomiting or diarrhea more than once, indicate how many hours following the incident that the individual first vomited or had diarrhea.
C6b	Since incident date and time, indicate whether individual passed out or lost consciousness
C6c	Since incident date and time, indicate whether individual experienced loss of memory or disorientation
C6d	Since incident date and time, indicate whether individual experienced a severe headache
Discharge: Should be completed by interviewer.	
D1	Disposition when released from CRC.