

Form for Follow-Up of Travelers Identified at US Points of Entry with Radioactive Material on their Bodies Associated with the Incident at Fukushima Daiichi, Japan: Purpose and Sample Consent Language

Purpose of Epidemiologic Assessment Form:

- Describe the characteristics of the affected population, including vulnerable and special populations, for improved understanding about the situation in Japan.
- Identify risk factors associated with particular environments or activities (for example, proximity to incident, not sheltering in place, working in the affected area) for more effective public health messaging.
- Provide context for radiation assessment data.
- If a urine bioassay is requested for CDC analysis, the accuracy of dose assessment will be increased by collecting information about personal variables needed in dose calculations.

Sample Consent Language:

My name is X and I am with X. We would like to ask you a few questions today about your activities in Japan since March 11, 2011. This information will help us to better understand the results of your screening for radioactive materials. Sharing your contact information also will allow us to follow up with you later if necessary. If you agree to participate, we will take about 15 minutes of your time today to ask you a few questions. We will keep everything we talk about and your information private. We will keep all records that have your name on them locked at X. Only staff at X will be able to look at the records. We will not use your name or any other facts that might identify you when we present or publish the results of this assessment of people returning from Japan. If you have any questions later, please contact X at X. Your answers to these questions will help us better understand the possible health impacts of the events in Japan. It is your choice to participate in this assessment. You can choose not to answer any question at any time. Do you agree to participate in the assessment? Thank you again for your time.

Available CDC technical assistance:

- For any questions, please contact
 - Colleen Martin at 404-992-2606 or AUQ4@CDC.GOV
 - Arthur Chang at 404-319-1207 or CTN7@CDC.GOV

**Form for Follow-Up of Travelers Identified at US Points of Entry with Radioactive Material on their Bodies
Associated with the Incident at Fukushima Daiichi, Japan**

I. Epidemiologic Assessment (To be completed by officials interviewing travelers)

Contact information for person conducting epidemiologic assessment:

1) First Name: _____ Middle Initial: ____ Last Name: _____

1a) Organization: _____ 1b) Primary Phone Number: (_____) _____ - _____

1c) Alternate Phone Number: (_____) _____ - _____ 1d) Email address: _____

2) First Name: _____ Middle Initial: ____ Last Name: _____

3) Permanent resident of the US: Yes No 3a) **(If no)** Country of permanent residence: _____

4) Date of Birth (MM/DD/YYYY): ____ / ____ / _____ 5) Age: _____ Years **OR** Months

6) Sex: Male Female 7) **(If female between 13 and 49 years of age)** Pregnant: Yes No Possible

8) Permanent address: **(Include country.)** _____

_____ 9) Current address: **(Include country.)**

10) Home Phone Number: **(Include area or city code)** _____

11) Mobile Phone Number: **(Include area or city code)** _____

12) Email Address: _____

13) What is the best way to contact you? Home Phone Mobile Phone Email Other: _____

14) What flight did you take into the US? Airline and flight number: _____ Seat number: _____

14a) City of Entry: _____ Airport: _____ State: _____

14b) Arrival Date (MM/DD/YYYY): ____ / ____ / _____

15) Did you have a connecting flight to another destination? Yes No

15a) **(If yes)** What flight did you take? Airline and flight number: _____ Seat number: _____

15b) **(If yes)** What was your final destination? City: _____ Airport: _____

Country: USA Other: _____ **(If USA)** State: _____

15c) **(If yes)** Arrival Date (MM/DD/YYYY): ____ / ____ / _____

Now I am going to ask you several questions about your location and activities in Japan since the earthquake/tsunami on March 11. When I refer to the term "shelter-in-place", that means remaining indoors in your home, work place, or other location in order to avoid exposure to potentially harmful exposures that may be in your environment.

16) Were you in an area that was evacuated due to the radiation incident at Fukushima Daiichi? Yes No Don't know

16a) **(If yes)** Did you evacuate? Yes No Don't know

17) Were you in an area where you were told to shelter in place due to the radiation incident at Fukushima Daichi? Yes No Don't know

17a) **(If yes)** Did you shelter in place? Yes No Don't know

18) Did you work in a location that was in either the evacuation or shelter in place zones? Yes No Don't know

18a) **(If yes)** What was your occupation? _____

19) Where were you between the time of the earthquake/tsunami and when you boarded the plane to leave Japan? **(List all locations below.)**

19a) Prefecture: _____ City or rural area: _____

Town, Ward, or Village: _____ District: _____

Evacuated from this location Sheltered in place at this location Neither evacuated from nor sheltered in place at this location

Beginning Date (MM/DD/YYYY): ___ / ___ / _____ End Date (MM/DD/YYYY): ___ / ___ / _____

19b) Prefecture: _____ City or rural area: _____

Town, Ward, or Village: _____ District: _____

Evacuated from this location Sheltered in place at this location Neither evacuated from nor sheltered in place at this location

Beginning Date (MM/DD/YYYY): ___ / ___ / _____ End Date (MM/DD/YYYY): ___ / ___ / _____

19c) Prefecture: _____ City or rural area: _____

Town, Ward, or Village: _____ District: _____

Evacuated from this location Sheltered in place at this location Neither evacuated from nor sheltered in place at this location

Beginning Date (MM/DD/YYYY): ___ / ___ / _____ End Date (MM/DD/YYYY): ___ / ___ / _____

19d) Prefecture: _____ City or rural area: _____

Town, Ward, or Village: _____ District: _____

Evacuated from this location Sheltered in place at this location Neither evacuated from nor sheltered in place at this location

Beginning Date (MM/DD/YYYY): ___ / ___ / _____ End Date (MM/DD/YYYY): ___ / ___ / _____

20) In Japan, were you screened to assess if you had radioactive material on your body? Yes No Don't know

20a) **(If yes)** Were you told you had radioactive material on your body? Yes No Don't know

21) Have you taken any medications to prevent or treat possible radiation exposure from the Japan incident? Yes No Don't know

21a) **(If yes)** What medication(s) did you take? **(Choose all that apply.)** Potassium Iodide (also known as KI) Prussian Blue (also known as Radiogardase) Other: _____

II. Radiation Assessment (To be completed by officials conducting radiation assessment)

Contact information for person conducting radiation assessment:

22) First Name: _____ Middle Initial: _____ Last Name: _____

22a) Organization: _____ 22b) Primary Phone Number: (_____) _____ - _____

22c) Alternate Phone Number: (_____) _____ - _____ 22d) Email address: _____

23) Was a radiation assessment performed? Yes No **(If no, skip to question 30.)**

23a) (If yes) Date assessment performed (MM/DD/YYYY): ___ / ___ / ___

23b) (If yes) Instrument used: _____

23c) (If yes) Was contamination detected? Yes No (If no, skip to question 30).

24) Cesium-137 detected? Yes No 24a) (If yes) Dose/Dose-Rate: _____ Units: _____

25) Iodine-131 detected? Yes No 25a) (If yes) Dose/Dose-Rate: _____ Units: _____

26) Other radionuclide(s) detected? Yes No

26a) (If yes) Specify: _____ Dose/Dose-Rate: _____ Units: _____

26b) (If yes) Specify: _____ Dose/Dose-Rate: _____ Units: _____

27) Was contamination detected around the breathing zone (face and shoulders excluding hair or scalp)? Yes No

28) Was decontamination performed? Yes No (If no, skip to question 30.)

29) Was another radiation assessment performed after decontamination? Yes No

29a) (If yes) Was contamination still detected after decontamination was performed? Yes No

III. Laboratory Assessment (To be completed by officials collecting specimens for laboratory analysis)

Contact information for person conducting laboratory assessment:

30) First Name: _____ Middle Initial: ___ Last Name: _____

30a) Organization: _____ 30b) Primary Phone Number: (____) ____ - _____

30c) Alternate Phone Number: (____) ____ - _____ 30d) Email address: _____

31) Was urine collected for testing for radionuclides? Yes No

31a) (If yes) Date of urine collection: ___ / ___ / ___ Time of urine collection: (Hour: Minutes): ___:___ AM PM

31b) (If yes) Laboratory identification number: _____

31c) (If yes) How long ago did you urinate before giving the urine sample?
_____ Minutes Hours Don't know (Select one.)

31d) (If yes) Height: _____ (feet) _____ (inches) **OR** _____ (meters) _____ (centimeters)

31e) (If yes) Weight: _____ Kilograms **OR** Pounds

Place CDC
Laboratory Barcode
Label Sticker Here

32) Were other biological specimens collected for testing for radionuclides? Yes No

32a) (If yes) What specimen(s) were collected? _____

32b) (If yes) Date of collection: ___ / ___ / ___ Time of collection: (Hour: Minutes): ___:___ AM PM

32c) (If yes) Laboratory identification number(s): _____

Priority (To be completed by officials after all data have been collected)

33) Priority: Yes No (See instructions sheet for assigning priority.)

Instructions: Form for Follow-Up of Travelers Identified at US Points of Entry with Radioactive Material on their Bodies Associated with the Incident at Fukushima Daiichi, Japan

Questions Key

I. Epidemiologic assessment section should be completed by officials following up on contaminated passengers.

- 1 Name and contact information for person conducting epidemiologic assessment.
- 2-13 Passenger name, contact information, and demographics. If the interview is being conducted by phone, the health or radiation control official may complete this section. If the interview is being conducted in-person, either the interviewee or the official can complete this section.
- 14-15 Flight information (to US point of entry and final destination).
- 16-20 Location and activities while in Japan since the radiation incident. It may be helpful to show a current map of radiation evacuation and shelter in place zones.
- 21 Radiation medication use.

II. Radiation assessment section should be completed by officials conducting radiation assessment. **This is not an interview.** This should be completed entirely by the official during the assessment without asking the traveler any of the questions on this form.

- 22 Name and contact information for person conducting radiation assessment.
- 23-27 Radiation assessment results. If contamination detected, please indicate isotope, dose or dose rate, and units. Contamination around breathing zone (section of the body including face and shoulders, except the hair or scalp) may indicate internal contamination.
- 28-29 Recontamination and radiation re-assessment results. If person has detectable contamination after repeated decontamination attempts, internal contamination may be present. Typically 2 decontaminations are performed.

III. Laboratory assessment section should be completed by personnel performing urine specimen collection for bioassay to assess internal contamination or collecting other biological specimens for testing for radionuclides.

- 30 Name and contact information for person collecting specimens for laboratory analysis.
- 31 Urine specimen information and personal variables needed for dose reconstruction.
- 32 Other specimen information.
- 33 Priority status (see below for instructions).

Question 33: Prioritization Criteria

Prioritization of laboratory samples or medical referral can be assigned using this form. Persons meeting prioritization criteria below have a higher risk for radiation exposure or internal contamination, or are members of a special population. Passengers less than 18 years old or pregnant women have lower committed dose thresholds (one fifth of the adult dose) for receiving medical therapy (questions 11 and 12). For these passengers, consider urine bioassay for internal contamination or medical referral for a more thorough radiation and medical assessment. Priority should be assigned after all relevant data have been collected. Priority of "Yes" should be assigned based on responses to the following:

- Question 5: less than 18 years old
- Question 7: "Yes" to pregnant or possibly pregnant
- Question 16: "Yes" to being in a radiation evacuation area
- Question 17a: "No" to shelter in place
- Question 18: "Yes" to working in a location in the evacuation or shelter in place zone
- Question 20a: "Yes" to contamination detected if radiation screening performed in Japan
- Question 27: "Yes" to contamination detected in breathing zone during radiation assessment
- Question 29a: "Yes" to contamination still detected after decontamination performed