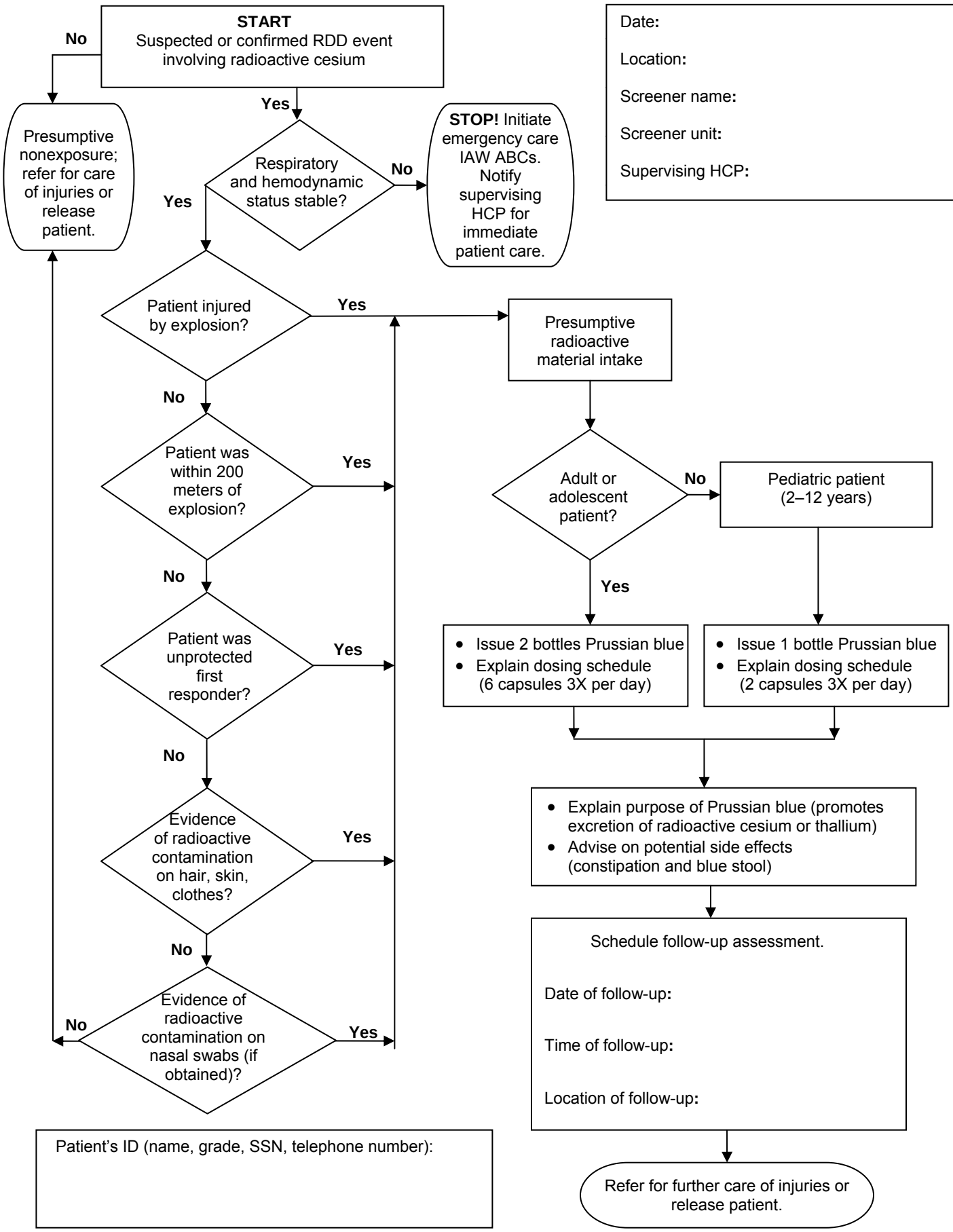
Radiocesium RDD (Radiation Dispersal Device) Patient Initial Contact Work Sheet



Date:

Location:

Screener name:

Screener unit:

Supervising HCP:

Patient's ID (name, grade, SSN, telephone number):

AFRRI Form 335
March 2009

asdp