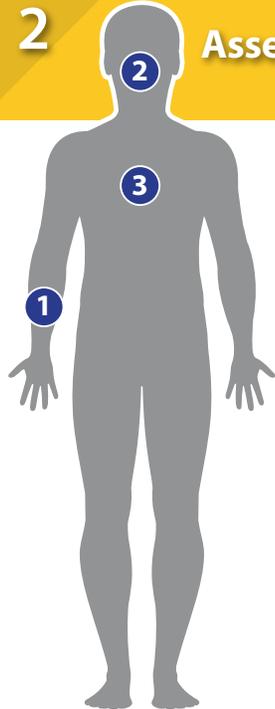




How to use the Patient Survey Sheet:

2

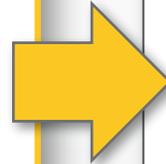
Assessment Survey



Survey when/where medical status and care allow

- 1 Wounds
- 2 Body Orifices
- 3 Intact Skin

- Document contamination readings
 α , β , γ determination
- After decontamination procedures, repeat survey and document
- Thorough whole body survey



Patient Radiological Survey Sheet

Patient Name:			SSN/ID Number:			Date:	
Instrument ID:	Calibration Date:	Battery Check:	Response Check:	Background:	Nasal Swabs:		
					(R)	(L)	
Survey Completed By:				Signature:			

