

Acute Exposure Information Form

Last Name, First Name, Middle Initial

SSN

Date

Time

One form for each exposure

Name of Chemical Exposed to

Chemical Abstract Services (CAS) number, *if known*

Physical Form

Solid

Liquid

Gas/Vapor

Aerosol

Chemical Form

Acid

Alkali

Organic Solvent

Heavy Metals

Modes or Routes of Exposure

Solid

Liquid

Gas/Vapor

Aerosol

Exposure Duration

Brief description of the incident

Observed symptoms

Associated injuries

Personal protective equipment used

Notify HSWL SC Safety & Environmental Health Officer

Further guidance received

Contact ATSDR to obtain further guidance

ATSDR guidance

Attach Material Safety Data Sheet (MSDS) and shipping manifest to this form, if available.

Reviewing Authority Signature

Date

Privacy Act Statement for Acute Exposure Information Form

AUTHORITY: 5 U.S.C. § 301; 10 U.S.C. §§ 1071-1107; 14 U.S.C. § 93(a)(17);
14 U.S.C. §§ 632-33; 44 U.S.C. § 3101; 29 C.F.R. § 1630.14(d);
45 C.F.R. § 164.524; Executive Order 9397.

PRINCIPAL PURPOSES: The primary purpose is to facilitate and document your health care. Other possible purposes are to: determine normal duty rotations; suitability of personnel for overseas assignments; develop automated information relating to medical readiness in wartime and contingency operations; determine eligibility for disability; maintain health care records as a function of general health maintenance.

ROUTINE USES: The primary use of this information is to provide, plan, and coordinate health care. Other possible uses are to: aid in preventive health and communicable disease control programs; report medical conditions required by law to federal, state, and local agencies; compile statistical data; conduct research; teach; determine suitability of personnel for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

DISCLOSURE: Mandatory for military personnel. Voluntary for all other personnel. If the requested information is not provided, comprehensive health care may not be possible, but care will not be denied.