FERNALD MEDICAL MONITORING PROGRAM
ONGOING - YEAR 7A - 1998
INFORMATION UPDATE

Diagnostic X-rays, fluoroscopic examinations (for example: GI series, barium enema) and scans result in minor radiation exposure. It is important that we ask you about these tests each year. Write in the number of examinations. During an examination, more than one "picture" or view may be taken. Count all the views taken on one day as one examination. DO NOT include dental X-rays or Panorex X-rays of teeth in the questions below. DO NOT include MRI's (magnetic resonance imaging) or CAT scans.

1. How many chest X-rays have you had in the LAST YEAR? Write in "0" if you have had none.

   _____ Chest X-rays

2. How many X-rays or fluoroscopic examinations (for example: GI series, barium enema) have you had during the LAST YEAR. Write in "0" if you have had none.

   _____ Stomach _____ Intestine _____ Back

   _____ Arms/Legs _____ Head/Neck _____ Breasts (Mammogram)

3. How many scans have you had in the LAST YEAR? Write in "0" if you have had none.

   _____ Bone _____ Thyroid _____ Heart

   _____ Lung _____ Kidney _____ Brain

   _____ Other: _____

4. During the PAST YEAR, have you been treated with radium, radiation therapy, or radioactive isotopes for a medical condition? Some examples: radioactive isotopes for thyroid disease; radium implant for cervical cancer, radiation therapy for any type of cancer, including skin cancer; X-ray therapy for acne or fungal infections of the scalp or other areas.

   ☐ Yes ☐ No

   If YES, for what disease? _____

   What part of your body? _____

   When? From: _____ 19 __ __ to _____ 19 __ __
   month month

(If there was more than one time period of treatment, please list the others on a separate piece of paper.)