**Medical examination questionnaire**

*The Medical examination questionnaire serves to evaluate the received dose if irradiation is suspected.. It is filled out by the medical personnel in the AMP or the healthcare facility, in addition to the usual medical examination of any victim.*

This questionnaire must be completed as quickly as possible. A sheet must be filled out for each victim giving a precise description of the circumstances of the event and all the necessary listed information.

**Victim's identification data** (including the AMP patient number and the SINUS, SI‑VIC tag):

**Name of the physician or nurse** who administered the questionnaire:

**Date and time it was filled out:**

(Fill out three columns: "yes" / "no" / "details"):

| **QUESTION****Does the subject present:** | **YES** | **NO** | **DETAILS** |
| --- | --- | --- | --- |
| 1 • An erythema, a burn, a wound ? Since when? Indicate its exact location (diagram or photo). |  |  |  |
| 2 • Asthenia ? Since when? Moderate, severe? |  |  |  |
| 3 • Periods of nausea since the event  ? Moderate, severe? |  |  |  |
| 4 • Abdominal pains? Since when? Moderate, severe?  |  |  |  |
| 15  5 • Vomiting? Note the times. |  |  |  |
| 6 • Diarrhoea? Since when? Moderate, severe? How many stools since the accident? Liquid or solid appearance? Note the times. |  |  |  |
| 7 • Difficulties in swallowing? Appearance of the oro-pharyngeal mucosa: normal, inflamed? |  |  |  |
| 8 • Headaches? Since when? Moderate, severe? Characterise them. |  |  |  |
| 9 • Dizzy spells? Since when? Moderate, severe? Characterise them. |  |  |  |
| 10 • Loss of consciousness? How many times? Characterise them. |  |  |  |
| 11 • Spatio-temporal disorientation? Moderate, severe? Specify. |  |  |  |
| 12 • Ataxia? Moderate, severe? Specify. |  |  |  |