

MEDICAL CONSULTANT REPORT
(To Be Completed By Medical Consultant
Official Use Only)Medical Consultant Name: _____
Signature: _____

Report Date: ____/____/____

Licensee Name: _____
License No. _____ Docket No. _____
Facility Name: _____

Incident Date: ____/____/____

Individual's Physician Name: _____
Address: _____

_____Referring Physician's Name: _____
(Medical Misadministration Only)
Address: _____

_____Individuals Contacted During Investigation: _____
(Name and Title) _____

_____**Records Reviewed: (General Description)**

Estimated Dose to Individual or Target Organ: _____
Probable Error Associated with Estimation: _____
Prescribed Dose (Medical Misadministration Only): _____
Method Used to Calculate Dose: _____

Official Use Only

Factual Description of Incident:

(Attach a copy of any reports, documents, etc. used/referenced in this description.)

[illegible]

Assessment of probable deterministic effects of the radiation exposure on the individual:

[illegible]

Briefly describe the current medical condition of the exposed individual:

Was individual or individual's physician informed of Department of Energy (DOE)

Long-Term Medical Study Program? Yes No

If yes, would the individual like to be included in the Program? Yes No

Official Use Only

1. Based on your review of the incident, do you agree with the licensee's written report that was submitted to Nuclear Regulatory Commission (NRC), pursuant to 10 CFR 35.3045, in the following areas:

- a. Why the event occurred: Yes No
- b. Effect on the patient: Yes No
- c. Licensee's immediate actions on discovery: Yes No
- d. Improvements needed to prevent recurrence: Yes No

2. In areas where you do not agree with the licensee's evaluation (report submitted under 10 CFR 20.2205 or 10 CFR 35.3045), provide the basis for your opinion:

3. Did the licensee notify the referring physician of the misadministration? Yes No

Did the licensee notify the patient or the patient's responsible relative or guardian? Yes No

4. If the patient or responsible relative or guardian was not notified of the incident, did the licensee provide a reason for not providing notification, consistent with 10 CFR 35.3045? Yes No

Briefly explain the licensee's response:

5. Provide an opinion of the licensee's plan for exposed individual follow-up, if available.

ENCLOSURE 6

MEDICAL CONSULTANT REPORT (SHORT FORM)
(To Be Completed By Medical Consultant, If Site Visit Is Not Necessary)
Official Use Only

Medical Consultant Name: _____ Report Date: ____/____/____

Signature: _____
(If mailed or faxed)

Licensee Name: _____ License No. _____

Facility Name: _____ Incident Date: ____/____/____

Estimated Dose to Individual or Target Organ: _____

Probable Error Associated with Estimation: _____

Prescribed Dose (Medical Misadministration Only): _____

Method Used to Calculate Dose: _____

Description of Incident:

Why Site Visit Is Not Required:

Assessment of probable deterministic effects of the radiation exposure on the individual: