

Potassium Iodide (KI) Accept/Receive/Decline Form

Employee Information

Full Name:

Last

First

M.I.

By signing this form, I acknowledge that I have been briefed on the use of Potassium Iodide (KI) and its associated risks and benefits. I understand that I am being offered KI because NRC management has recommended/may recommend (circle one) the consumption of KI. I understand that taking KI is voluntary.

KI Acceptance and Receipt

I wish to receive KI tablets and will take them as directed. I acknowledge the receipt of KI tablet(s).

Signature: _____

Date: _____

This section to be filled out by issuing official:

of KI tablets
issued: _____

Lot # of KI tablets
issued: _____

Date KI tablets
issued: _____ / _____ / _____

Time KI tablets issued: _____

AM PM

Issuing official
name: _____

Issuing official
initials: _____

KI Declination

I wish to decline the receipt and consumption of KI tablets.

Signature: _____

Date: _____

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