

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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