DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD ACUTE EXPOSURE INFORMATION FORM							
Last Name, First Name, Middle Initial			EMPLID		Date		Time
One form for each exposure							
Name of Chemical Exposed to				Chemical Abstract Services (CAS) number, if known			
Physical Form	Solid	Liquid		Gas/Vapor		Aerosol	
Chemical Form	Acid	Alkali		Organic Solvent		Heavy Metals	
Modes or Routes of Exposure	Solid	Liquid		Gas/Vapor		Aerosol	
Exposure Duration							
Brief description of the incident Observed symptoms Associated injuries Personal protective equipment us	ed						
Notify HSWL SC Safety & Environmental Health Officer							
Further guidance received							
Contact ATSDR to obtain further guidance							
ATSDR guidance							
Attach Material Safety Data Sheet (MSDS) and shipping manifest to this form, if available.							
Reviewing Authority Signature				Date			

Privacy Act Statement for Acute Exposure Information Form AUTHORITY: 5 U.S.C. § 301; 10 U.S.C. §§ 1071-1107; 14 U.S.C. § 93(a)(17); 14 U.S.C. §§ 632-33; 44 U.S.C. § 3101; 29 C.F.R. § 1630.14(d); 45 C.F.R. § 164.524; Executive Order 9397. **PRINCIPAL PURPOSES**: The primary purpose is to facilitate and document your health care. Other possible purposes are to: determine normal duty rotations; suitability of personnel for overseas assignments; develop automated information relating to medical readiness in wartime and contingency operations; determine eligibility for disability; maintain health care records as a function of general health maintenance. ROUTINE USES: The primary use of this information is to provide, plan, and coordinate health care. Other possible uses are to: aid in preventive health and communicable disease control programs; report medical conditions required by law to federal, state, and local agencies; compile statistical data; conduct research; teach; determine suitability of personnel for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties. DISCLOSURE: Mandatory for military personnel. Voluntary for all other personnel. If the requested information is not provided, comprehensive health care may not be possible, but

care will not be denied.