

Potassium Iodide (KI)



Application Form

The Nuclear Regulatory Commission has enabled each individual who lives or works in the Emergency Planning Zone (EPZ) surrounding the Seabrook Nuclear Station to receive one dose of potassium iodide (KI) from the State of New Hampshire to use in the event of a radiological emergency. Institutions and businesses in these areas may also request a supply of KI (see: Distribution Guidelines for Institutions Requesting Potassium Iodide).

Name of Individual/Institution _____

Physical Address _____

Mailing Address _____
(Please provide, if different from physical address)

City _____ State _____ Zip Code _____

Telephone Number _____
(Please provide extension number, if applicable)

- Number of adult doses of Potassium Iodide (130mg) requested for persons at this address: _____
- Number of pediatric doses of Potassium Iodide (65mg) requested for persons at this address: _____

By completing and submitting this application to receive potassium iodide tablets from the State of New Hampshire, I understand the following:

- ▼ The use of potassium iodide is voluntary. An individual is not required to accept it or use it.
- ▼ Potassium iodide is NOT a substitute for evacuation. Evacuation is the most effective protective action in the event of a radiological emergency.
- ▼ Potassium iodide protects only the thyroid gland from only radioactive iodine. In a radiological release, an individual would still be vulnerable to possible exposure to other forms of radiation.
- ▼ Children under 12-years of age are most at risk from the effects of radioactive iodines on the thyroid gland.
- ▼ Although KI is generally safe; it can cause health risks in persons with existing thyroid conditions and those allergic to iodine. Anyone considering using potassium iodide should consult with his/her health care provider.
- ▼ The undersigned assumes full liability for the distribution and/or use of potassium iodide and for replacing the tablets when they expire.

Signature _____ Date _____

Mail This Form To: New Hampshire Department of Health and Human Services
Division of Public Health Services
Radiological Health Section
29 Hazen Drive
Concord, NH 03301-6504

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