Potassium Iodide (KI) Application Form

The Nuclear Regulatory Commission (NRC) 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 by contacting the New Hampshire DPHS.

Name of Individual/Institution: ______________________________________________

Physical Address: ______________________________________________________________________

Mailing Address: ______________________________________________________________________

City: ___________________________________________ State: ______ Zip: __________

Telephone Number (please include extension if applicable): ________________________

Number of Adults in the household: ________ Number of Children in the household: ________
(2 - 65mg tabs each) (1 – 65mg tab each)

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 or sheltering in place.
➤ Potassium iodide protects only the thyroid gland from only radioactive iodide. 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 iodine 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 healthcare provider.
➤ The undersigned assumes full liability for the distribution and/or use of potassium iodide and for replacing tablets when they expire.

Signature: ___________________________________________ Date: ______________________

Mail this form to: New Hampshire Dept. of Health and Human Services
Division of Public Health Services RAD Health Section
29 Hazen Drive
Concord, NH 03301-6504