

Potassium Iodide Acknowledgement Form

A. Agreement:

I agree that I will not take my first daily dose of Potassium Iodide (KI) until I receive official instructions to do so. If instructed to do so, I understand that in order to obtain maximum protection for the thyroid, I will take 130 milligrams (one dose) per day of the thyroid blocking agent as instructed.

B. Drug Use Acknowledgement:

I have been informed that this drug will block the absorption of radioiodine by my thyroid and thereby reduce the exposure to radiation of the thyroid; that Potassium Iodide does not reduce the uptake of other radioactive materials by the body; nor does it provide protection against exposure from external radiation.

C. Drug Allergic Reaction Awareness Notice:

I have been told that if I am allergic to Iodine that I should not take Potassium Iodide.

D. I understand that if I choose not to take KI at the time it is recommended, I should report my decision to my RADEF Officer or supervisor as soon as possible. The RADEF Officer or supervisor will determine if a replacement is needed.

By my signature below, I hereby agree to the terms and conditions of this user agreement.

SIGNATURE _____

DATE _____