VERMONT
DEPARTMENT OF HEALTH

Potassium Iodide (KI) Application

As part of Vermont's continuing preparedness effort, a dose of potassium iodide (KI) is being made available to each person who lives or works in Brattleboro, Dummerston, Guilford, Halifax, Marlboro and Vernon for use in the event of a Vermont Yankee Nuclear Power Station radiological emergency.

Participation in this program is voluntary.

- KI is a safe and effective method to protect the thyroid from radioactive iodine in the event of a radioactive release. Children are particularly vulnerable to radioactive iodines.
- Used properly, KI is safe for most people. A seafood or shellfish allergy does not necessarily mean that you are allergic or hypersensitive to iodine. People with known iodine sensitivity should avoid KI, as should individuals with dermatitis herpetiformis and hypocomplementemic vasculitis, both extremely rare conditions associated with an increased risk of iodine hypersensitivity. Also, people that have nodular thyroid with heart disease should not take KI. Anyone with multinodular goiter, Graves' disease, and autoimmune thyroiditis should be treated with caution. If you are not sure if you should take KI, talk with your healthcare provider.
- KI is *not* a substitute for evacuation and other protective actions. Evacuation may be the most effective action in a nuclear emergency.

By completing and submitting this application:

- I agree to receive KI from the Vermont Department of Health.
- I assume responsibility for using the KI only when instructed to by emergency officials and then only at the directed dose.
- I verify that
    - I am the parent or legal guardian of the child/children for whom I am requesting KI.
    - I live or work in Brattleboro, Dummerston, Guilford, Halifax, Marlboro or Vernon

      --or--
    - I am the designated authority for receiving and storing KI at this worksite or lodging establishment.

Signature_____ **Date**_____

Print Name_____

Mailing Address_____

Town_____ **State**_____ **Zip**_____

Business name, if designated authority: _____

Telephone_____

For each member of your family, your employees or customers, please indicate the number of:

Adult doses requested: _____
(*2 – 65 mg* tablets)

Children's doses requested: _____
(*1 – 65 mg* tablet)