



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND  
2050 WORTH ROAD  
FORT SAM HOUSTON, TEXAS 78234-6000

CMAT Control #  
1999117-0000006

S: 30 July 1999

MCHO-CL-W (40)

8 APR 1999

MEMORANDUM FOR COMMANDERS, MEDCOM MAJOR SUBORDINATE COMMANDS

SUBJECT: Policy for the Treatment of Personnel Wounded by  
Depleted Uranium Munitions

1. The policy at Enclosure 1 is forwarded for implementation.
2. You are directed to train all physicians and other applicable healthcare providers on this policy. The videotape entitled "Policy for the Treatment of Personnel Wounded by Depleted Uranium Munitions" is available for your use in executing this training. The U.S. Army Medical Command will provide one hour of Continuing Medical Education (CME) credit for physicians who view this videotape. Instructions for applying for CME credit and obtaining a copy of the videotape are provided at Enclosure 2. The treatment policy for personnel not wounded but otherwise exposed to depleted uranium will be covered in a separate policy memorandum.
3. You will report to this headquarters not later than 30 July 1999 on the progress made to train applicable medical personnel on this policy. Your report will include the number of personnel by rank and specialty who have been trained and the number of personnel who still need to be trained on his policy within your command.
4. The points of contact at this headquarters are COL Charles Miller, Chief, Clinical Services Division, DSN 471-6616 or Commercial (210) 221-6616 for clinical treatment issues and CME credit; and, COL Eric Daxon, Radiation Protection Staff Officer, DSN 471-6612 or Commercial (210) 221-6612 for radiation protection issues.

2 Encls  
as

RONALD R. BLANCK  
Lieutenant General, U.S. Army  
Commanding

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Depleted Uranium Munitions

CF (w/encls):

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1000 Defense Pentagon, Washington, DC 20301-1000  
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HQDA (DACS-SF), 200 Army Pentagon, WASH, DC 20310-0200  
HQDA (DAMO-TRC), 400 Army Pentagon, WASH, DC 20310-0400  
Commander, U.S. Army Materiel Command, 5001 Eisenhower Avenue,  
Alexandria, VA 22333-0001  
Commander, U.S. Army Forces Command, 1777 Hardee Avenue SW,  
Fort McPherson, GA 3033-0001  
Commander, U.S. Army Training and Doctrine Command,  
Fort Monroe, VA 23651-5000  
Commander, U.S. Army Reserve Command, 1401 Deshler St, SW,  
Fort McPherson, GA 30330  
National Guard Bureau, 111 George Mason Avenue, Arlington,  
VA 22204  
Commandant, U.S. Army Chemical School, Fort McClellan, AL  
36205-5020  
Commandant, U.S. Army Ordnance Center and School, 3071 Aberdeen  
Boulevard, Aberdeen Proving Ground, MD 21005-0001  
Commander, 18th Medical Command, Unit #15281, APO AP, 96205-0054  
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ATTN: Dr. Craig Llewellyn, Professor and Chair, Department of  
Military and Emergency Medicine, 4301 Jones Bridge Road,  
Bethesda, MD 20814  
Director, Armed Forces Radiobiology Research Institute,  
8901 Wisconsin Avenue, Bethesda, MD 20889-5603  
Commander, Defense Medical Readiness Training Institute, 1706  
Stanley Road, Suite 91, Fort Sam Houston, TX 78234

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**Policy for the Treatment of Personnel  
Wounded by Depleted Uranium Munitions  
26 February 1999**

This policy will remain in effect until deleted or superseded

1. References.

a. Army Regulation (AR) 40-5, 15 October 1990, Preventive Medicine.

b. Message, 141130Z Oct 93, DASG-PSP, HQDA, subject: Medical Management of Unusual Depleted Uranium Exposures.

c. 1st Endorsement, MCHO-CL-W (ECMD/9 Jan 96), 23 Jan 96, subject: Request for Guidance on the Medical Management of Unusual Depleted Uranium Exposures

d. Memorandum, MCHO-CL-W, HQ USAMEDCOM, 15 Feb 96, subject: Interim Treatment Guidance for Patients Contaminated with Depleted Uranium

e. Technical Guide 211, "Radiobioassay, Collection Labeling and Shipping Requirements," U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM), May 1998.

f. North Atlantic Treaty Organization (NATO) Standardization Agreement (STANAG) 2068, "Emergency War Surgery," 1988.

g. Draft AR 40-400, Patient Administration

2. Purpose. Provide Department of the Army medical policy for the treatment of personnel wounded by depleted uranium munitions. This policy does not apply to personnel who are not wounded but may have internalized depleted uranium through inhalation or ingestion. This policy supersedes the wound treatment policy set forth in references 1b, 1c, and 1d above.

3. Background.

a. Depleted uranium kinetic energy (KE) munitions and armor proved their effectiveness during Operation Desert Storm (ODS). This success has led to a dramatic increase in the number of nations who use this material in their munitions and as a part of the armor in armored vehicles.

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b. Depleted uranium is uranium that has decreased amounts of the most radioactive isotopes of uranium. Chemically and toxicologically it is the same as natural uranium.

(1) Depleted uranium is a heavy metal and, like other heavy metals (tungsten, lead, etc.), it has toxic effects to the body if internalized in large quantities.

(2) Radiologically, depleted uranium is 40% less radioactive than the natural uranium found in the air, water, soil, and food products.

c. When a depleted uranium munition strikes an armored target, the penetration process generates high concentrations of airborne, breathable, depleted uranium oxides and high velocity shards of the metal that can cause serious wounds.

d. Personnel in, on, or near (less than 50 meters) an armored vehicle when the vehicle is being penetrated by a depleted uranium munition may internalize depleted uranium through inhalation, wound contamination, and fragmentation (if hit by high velocity depleted uranium shards).

(1) The military experience with depleted uranium in Operation Desert Storm (ODS) showed that personnel surviving vehicle penetrations may have a wide range of injuries. These range from only minor cuts and abrasions, to severe lacerations, burns, broken bones, puncture wounds and retained depleted uranium and other types of metallic fragments.

(2) Radiographic examination of personnel wounded during ODS showed that, as with personnel wounded by tungsten KE munitions, personnel may have from one many depleted uranium fragments embedded in localized regions of the body.

(3) Fragment sizes can vary from very small (several millimeters) to large (1 to 2 cm) and are readily discernible by x-ray examination. Fragments may be embedded at any depth and in any location in the body. One patient had a 1.5 cm fragment embedded deep in his thigh and several smaller (millimeter sized) fragments in his ankle. In another patient, over 20 fragments of varying sizes (millimeters to centimeters) were localized in his calf muscle.

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4. Health Effects.

a. The major health concerns about internalized depleted uranium relate to its chemical properties as a heavy metal rather than to its radioactivity, which is very low. As with all heavy metals, the hazard depends mainly upon the amount taken into the body. It has been recognized that very high uranium intakes can cause kidney damage.

b. Since 1993, the Department of Veterans Affairs has been following 33 Gulf War veterans who were seriously injured in friendly fire incidents involving depleted uranium. These veterans are being monitored at the Baltimore VA Medical Center. Many of these veterans continue to have medical problems relating to the physical injuries they received during these incidents. About half of this group still have depleted uranium metal fragments in their bodies.

c. Those veterans with retained depleted uranium fragments have shown higher than normal levels of uranium in their urine since monitoring began in 1993. These veterans are being followed very carefully and numerous medical tests are being done to determine if the depleted uranium fragments are causing any health problems.

d. For all 33 veterans in the program (including those with retained depleted uranium fragments), all tests for kidney function have been normal. In addition, the reproductive health of this group appears to be normal in that all babies fathered by these veterans between 1991 and 1997 had no birth defects.

5. Clinical Treatment of Personnel Wounded by Depleted Uranium Munitions.

a. Casualties may have depleted uranium contamination on their clothing and skin. **Under no circumstances should casualty extraction treatment, or evacuation be delayed due to the presence of depleted uranium.** Standard aidman procedures for treating wounded personnel should be followed.

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b. Wounds and burns should be cleaned and debrided using standard surgical procedures. Normal "universal precautions" (surgical gloves, surgical mask, and throwaway surgical gowns) are more than adequate to protect medical personnel from accidental contamination with depleted uranium. Items contaminated with depleted uranium should be disposed of using standard universal precaution procedures. The use of a sensitive radiation meter may assist in wound debridement and cleaning. The AN/VDR-2 RADIAC meter with the beta window open may assist in locating depleted uranium contamination in the wound or burn. **Under no circumstances should required treatment be delayed to perform this monitoring.**

c. Embedded depleted uranium fragments should be removed using standard surgical criteria (reference 1.f provides guidance) except that large fragments (greater than 1 cm) should be more aggressively removed unless the medical risk to the patient is too great.

d. Monitoring of kidney function is recommended for those patients who have contaminated wounds or embedded depleted uranium fragments. The monitoring should follow the current protocol in use by the Baltimore Veterans Affairs (VA) Depleted Uranium Program.

(1) As with all heavy metals, the kidney is one of the organs most sensitive to uranium toxicity. Recommended tests include urinalysis, 24-hour urine for uranium bioassay, serum BUN, creatinine, beta-2-microglobulin and creatinine clearance.

(2) Chelation therapy is not recommended based upon current estimates of depleted uranium exposure.

#### 6. Determining the Presence of Depleted Uranium.

a. Suspected wounding with depleted uranium or inhalation of aerosolized depleted uranium during combat should always be recorded on the patient's field medical card. Indicators that may be obtained from the patient or the patient's field medical card include:

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(1) Patient's vehicle was struck by a Kinetic Energy (KE) munition. KE munitions are made from either tungsten or depleted uranium.

(2) Patient's vehicle was struck by friendly fire either from US tanks or aircraft.

(3) Patient reports he saw burning fragments (like a Fourth of July sparkler) while the vehicle was being penetrated. Depleted uranium is pyrophoric and will ignite under high pressure and temperatures.

b. Because of depleted uranium's high density, fragments are readily visible radiographically and will appear similar to steel or lead fragments in the body.

(1) Radiography alone, however, is not sufficient to determine the presence or absence of depleted uranium. ODS experience found that there were soldiers in vehicles struck by depleted uranium munitions that had retained fragments that were not depleted uranium.

(2) In addition, KE penetrators made out of tungsten will cause similar wounds and will appear radiographically the same. A large number of countries are using tungsten penetrators.

c. If readily available, a RADIAC meter (AN/VDR-2 with the beta shield open or equivalent) may be used to monitor wounds, burns, or suspected sites with embedded fragments. This can assist in wound cleaning and will confirm the presence of depleted uranium. Under no circumstances should treatment be delayed to obtain an AN/VDR-2.

d. **The most sensitive indicator for the internalization of depleted uranium is a uranium urine bioassay.** The policy for this bioassay is discussed in paragraph 8 below.

e. In general, patients with retained depleted uranium fragments will excrete uranium in the urine. ODS experience showed that, like lead, depleted uranium from the fragments will dissolve and be transported into the blood.

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(1) The fragments serve as a source of depleted uranium and the level of excretion will remain constant for long periods of time. Once in the blood stream, the depleted uranium will be metabolized in the same way that natural uranium is by the body. Depleted uranium is excreted in the urine.

(2) Results of the medical monitoring of patients from ODS indicate that the highest uranium urine levels were on the order of 30 to 40 micrograms of total uranium per gram of creatinine. This monitoring was initiated in 1993 and the levels have remained more or less constant. In all likelihood, the levels were higher at the time the soldiers were wounded. How much higher is not known.

f. The presence of depleted uranium fragments in the service member's body presents no risks to family members. As with other heavy metals retained in the body, the depleted uranium in all bodily fluids (urine, feces, sweat, saliva, and semen) present absolutely no hazard to the soldier or the people he has contact with. No special precautions are required by anyone having contact with the patient.

#### 7. Health Service Support (HSS).

a. Forward medical support characterizes the role of HSS in the Theater of Operations (TO). There are four levels of HSS that have a direct impact on patients as they are treated, returned to duty (RTD), or evacuated from the forward line of own troops to the CONUS base.

(1) Level I. Designated individuals or elements organic to combat and combat support units provide medical care. This may include self-aid or buddy aid, the combat lifesaver, the combat medic, and the battalion aid station.

(2) Level II. The division or corps clearing station provides medical care.

(3) Level III. A hospital staffed and equipped to provide resuscitation, initial wound surgery, and post-operative treatment provides the care.

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(4) Level IV. A hospital staffed for general and specialized medical and surgical care and rehabilitation for RTD provides the care.

b. If depleted uranium contamination is suspected, attending medical personnel at HSS Levels I and II should annotate the soldier's Field Medical Card [DD Form 1380, Block 14 (DIAGNOSIS)], or patient clinical record [SF Form 504 or other], with the statement "SUSPECTED DEPLETED URANIUM (DU) EXPOSURE", the date/time of exposure and any other pertinent exposure information. A simple description of the exposure scenario could be described in Block 19 ("WHAT WAS HE DOING WHEN INJURED"). If field survey monitoring indicates the presence of DU on the patient, then the monitoring results, the date/time of the monitoring, and the type/SN of RADIAC meter and detection probe used should also be recorded.

c. Urine bioassay procedures should be considered for these personnel. The decision to collect urine specimens for depleted uranium bioassay would first be made at the Table of Organization and Equipment (TOE) hospitals (HSS Levels III and IV). Requests for DU bioassays should be treated like any other clinical laboratory test. A physician or other authorized care provider should order bioassays. Laboratory results should be handled and recorded using standard procedures.

#### 8. Bioassay Policy for Depleted Uranium.

##### a. Depleted Uranium Urine Bioassay Procedures.

(1) Depleted Uranium Urine Specimens. The primary bioassay technique to assess and document depleted uranium internalization is the collection of 24-hour urine specimens at specified times.

(a) If a 24-hour collection is not feasible for either clinical or operational reasons, a spot urine sample with 120 ml of urine or as much urine as can be collected should be taken. While not optimal, it can provide useful information about depleted uranium intake. If urine creatinine levels are to be measured, the patient's age, height, and weight must be provided on the laboratory request, Miscellaneous Standard Form 577.

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(b) The 24-hour total urine sample provides for more accurate uranium determinations, positive identification of depleted uranium in the urine, and data for direct dose assessment. The 24-hour urine specimen should be handled according to routine procedures established by the laboratory doing the analysis.

(2) Collection Procedure, 24-Hour Urine Sample. Unlike standard procedures, do not discard the urine from the first void. Collect as much urine as is possible or at least 120 mls of the first void as a spot sample and submit it for analysis. Document the date and time of the spot sample. Continue with then collecting all successive voids over the next 24-hour period as the 24-hour urine sample. Document the beginning time (same as the spot sample's) and the ending time of this 24-hour collection. Indicate whether or not this sample was a complete 24-hour collection.

b. Timelines for Bioassay Collection. **Under no circumstances should required treatment or evacuations be delayed for bioassay.** Urine uranium bioassays should be taken when optimally feasible and when the patient's clinical condition permits. Timelines for optimal urine uranium bioassay collection are as follows:

(1) Baseline 24-Hour Urine Specimen. This is not an essential specimen. The purpose for this specimen is to determine the natural level of uranium in the patient's urine that will aid in the specificity and accuracy of the measurement.

(a) Under normal conditions, internalized uranium will not appear in the urine for 24 hours after internalization. A baseline specimen should not be taken if more than 24 hours has passed since the exposure or if the patient has had an intravenous infusion (I.V.) or a significant blood volume loss or replacement. In this case, the depleted uranium may appear in the urine before the 24-hour point.

(b) If a baseline specimen is taken, it should be started as soon as is possible after the injury and stopped 24 hours after the injury occurred.

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(2) Initial Depleted Uranium Urine Specimen. The purpose for this specimen is to obtain data for use in estimating the amount of soluble depleted uranium internalized. Collection should begin **not earlier** than 24 hours after the exposure event and continue for a full 24 hours. This specimen is needed in order to calculate the intake estimate and the radiation dose estimation. If a hospital's resources cannot support the logistics of an optimal 24-hour urine collection, then a spot-sample should be taken.

(3) Seven to Ten Day Urine Specimen. This specimen (and subsequent specimens, if required) provides the data required to estimate the amount of insoluble depleted uranium internalized. If the patient is returned to duty from a Level III or IV MTF, at least a urine spot sample should be obtained from the patient before his departure.

(4) Subsequent Bioassay Procedures. The need for further urine uranium bioassays will be based upon the depleted uranium levels found in the specimens noted above. Guidance from OTSG/MEDCOM consultants may be used to assist in patient assessment.

(5) Results Reporting. All results should be reported **NORMALIZED TO CREATININE** (e.g. micrograms of depleted uranium per nanogram creatinine) and normalized to the volume of the urine sample (micrograms depleted uranium per liter of urine).

#### 9. Bioassay Laboratory and Radiation Dosimetry Support.

a. Specimens should be forwarded to U.S. Army Medical Department-specified Department of Defense clinical laboratories such as the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM). Use the procedures outlined in reference 1.e. above.

b. Additional consultation on bioassay measurement is obtainable from the Radiologic, Classic and Clinical Chemistry Division, USACHPPM at (410) 436-3983 or DSN 584-3983.

c. Additional consultation on ionizing radiation dosimetry and health risk assessment is obtainable from the Medical Health Physics Program, USACHPPM, at (410) 436-3548 or DSN 584-3548.

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d. During non-duty hours, USACHPPM assistance may be obtained using the USACHPPM Emergency Contact Numbers (800) 222-9698 or (888) 786-8633.

10. Points of Contact.

a. The point of contact for the Office of the Surgeon General for clinical treatment issues is the Chief, Clinical Services Division, U.S. Army Medical Command (USAMEDCOM), DSN 471-6616 or Commercial (210) 221-6616.

b. The point of contact for radiation protection issues is the USAMEDCOM Radiation Protection Staff Officer, DSN 471-6612 or Commercial (210) 221-6612.

11. Reporting. The names and service numbers of personnel with confirmed depleted uranium internalization will be reported to the U.S. Army medical surveillance system so that appropriate long term follow-up medical monitoring can be effected.

# **Management of Depleted Uranium Casualties Continuing Medical Education (CME) for Physicians**

**Videotape for CME Enduring Materiel  
Original Release Date: 3 December 1998  
Expiration Date: 2 December 1999**

**Estimated Time to Complete This Educational Activity: 1 Hour**

**Statement of Need:** There is a need to teach physicians about the medical policy for the treatment of personnel wounded by depleted uranium munitions.

**Learning Objectives:**

At the conclusion of this course, the participants will be able to:

- Discuss the policy for the treatment of personnel wounded by depleted uranium munitions.
- Describe the depleted uranium munition and its radiological and toxicological characteristics.
- Describe the treatment procedures for wounds that can be expected from depleted uranium munitions.
- Identify the laboratory tests that should be ordered when treating a patient wounded by a depleted uranium munition.

**Target Audience:**

Physicians and other healthcare providers who may be called upon to treat personnel wounded by depleted uranium munitions.

**Sponsorship Accreditation Statement:**

The U.S. Army Medical Command is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

**Credit Designation Statement:**

The U.S. Army Medical Command designates this educational activity for a maximum of one hour in category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

**Sponsored by:** The U.S. Army Medical Command

**Instructions for Registration:** Each healthcare provider who views this videotape is requested to fill out the attached registration form and send it by mail or fax to the U.S. Army Center for Health Promotion and Preventive Medicine.

**Instructions for Securing CME Credit:** In order to receive CME credit for viewing this videotape, the local CME Director must have each physician sign the attached CME attendance roster and complete the attached CME activity evaluation. These documents must be mailed to Headquarters, U.S. Army Medical Command, ATTN: Chief, Clinical Services Division, 2050 Worth Road, Suite 10, Fort Sam Houston, TX 78234-6010. Post-tests will be mailed to each viewing site that sends these documents. The local CME Director will administer the post-test and mail to the Chief, Clinical Services Division for grading. Certificates awarding CME credit will be provided after the post-tests are received and graded.

**Videotape Copies:**

Videotape copies of this presentation may be obtained through the U.S. Army Visual Information Center web site at <http://dodimagery.afis.osd.mil>. From the web site home page select DAVIS/DITIS and enter the words "depleted uranium" in the search window. The PIN number for this videotape is PIN 711231. The title of the videotape is "Policy for the Treatment of Personnel Wounded by Depleted Uranium Munitions". Information on all other videotapes pertaining to depleted uranium will also be displayed. Select the desired videotape and complete the ordering instructions.

**3 Enclosures:**

1. U.S. Army Center for Health Promotion and Preventive Medicine CME Registration
2. U.S. Army Medical Command CME Attendance Roster
3. U.S. Army Medical Command CME Activity Evaluation

U.S. Army Center for Health Promotion and Preventive Medicine  
Attn: MCHB-CS-OFD/Training Office/dknapp/Building 5158  
Aberdeen Proving Ground, MD 21010-5422  
Phone: DSN 584-8139/commercial (410) 436-8139  
Fax Number: DSN 584-8197/commercial (410) 436-8197  
E-mail Address: doris\_knapp@chppm-ccmail.apgea.army.mil  
Our Website: chppm-www.apgea.army.mil/trng  
Registration/Application Request  
(Font: Use Courier 11 point/margins .5)

Registration for (DU) Training on Training Date: \_\_\_\_\_

**Privacy Act Statement:** Title 5 US Code, Section 301; Executive Order 9397 authorizes the use of your Social Security Number as an identification number. This information is requested for record keeping purposes, notification of advanced/classes, refresher updates, and other related training modules.

I have read the preceding Privacy Act Statement. \_\_\_\_\_  
(Signature)

**Administrative Information:**

Name: \_\_\_\_\_ Job Series/ PMOS/ Branch: \_\_\_\_\_

Grade/Rank: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Job Title: \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_

Component: \_\_\_\_\_  
ARMY, NG, USAR, CIV (GOV'T), CIV (NON-GOV'T), NAVY, AIR FORCE, etc.

Type of Appointment (Civilians Only) Career \_\_\_ Temp \_\_\_ Contract \_\_\_

Office Mailing Address: (Include Attn: Line), DSN Phone: \_\_\_\_\_

\_\_\_\_\_ Com Phone: ( ) \_\_\_\_\_

\_\_\_\_\_ DSN FAX: \_\_\_\_\_

\_\_\_\_\_ Com FAX: ( ) \_\_\_\_\_

e-mail Address: \_\_\_\_\_

Do you require handicapped accommodations? Yes \_\_\_ No \_\_\_ Do you require any other special considerations (other than dietary and non-smoking)? Yes \_\_\_ No \_\_\_ . If yes, explain below:

\_\_\_\_\_  
\_\_\_\_\_

Please fax this form to the above number. When you rotate to another site, this office would appreciate an update on your address, phone, FAX, e-mail and job title. This enables us to locate you for updates and refresher information. Thank you, Doris Knapp



# U.S. ARMY MEDICAL COMMAND

## CME Activity Evaluation

Name of activity \_\_\_\_\_  
 Activity date \_\_\_\_\_  
 Activity location \_\_\_\_\_

**I. Overall Evaluation:** Please evaluate this educational activity as a whole by checking the appropriate box:

OVERALL EVALUATION					
	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
<b>USEFULNESS</b>					
<b>QUALITY</b>					
<b>FACILITIES/MANAGEMENT</b>					
<b>REGISTRATION</b>					
<b>ENVIRONMENT</b>					
<b>AUDIO-VISUALS</b>					
<b>FOOD &amp; BEVERAGE</b>					

**II. Course Objectives:** Were the following overall course objectives met? Circle one

- Discuss the policy for the treatment of personnel wounded by depleted uranium munitions. YES NO
- Describe the depleted uranium munition and it's radiological and toxicological characteristics. YES NO
- Describe the treatment procedures for wounds that can be expected from depleted uranium munitions. YES NO
- Identify the laboratory tests that should be ordered when treating a patient wounded by a depleted uranium munition. YES NO

**III. General Comments:**

1. Do you feel that the program was fair, balanced, and free of commercial bias? YES NO  
 If No, please state reasons:

2. Suggested topics and/or speakers you would like for future programs.

3. This educational activity has contributed to my professional effectiveness and improved my ability to:

	Strongly Agree			Strongly Disagree	
	1	2	3	4	5
a. treat/manage patients	1	2	3	4	5
b. Communicate with patients	1	2	2	4	5
c. Manage my medical practice	1	2	3	4	4
d. Other	1	2	3	4	5