Form Approved

OMB No. 0923-0062

Exp. Date 10/31/2021

## Exposure Measurement Form

Appendix N6

**Supplemental Exposure Measurement Form**

Study ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sample Collection Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Collector ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATSDR estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0923-0062).

**NOTE: Use one form for each participant if multiple participants are part of a sampling event**

Study ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For natural grass field user participants:**

**Have you played on a synthetic turf field in the past 24 hours?**  Yes No

*If yes, participant is not eligible to participate at this time.*

*If no, participant is eligible to participate and investigator will proceed with data collection*.

|  |  |  |
| --- | --- | --- |
| **Task** | **Completion** | **Comments** |
| Temperature below 100.4˚F/no self-reported symptoms  | Yes | No |  |
| Consent/Parental Permission/Assent Form | Yes | No |  |

**Urine Samples**

|  |  |  |  |
| --- | --- | --- | --- |
| Sample Type | Sample Collected | Urine volume | Time of collection |
| Pre-Activity | Yes No |  |  |
| Post-Activity | Yes No |  |  |

What time of the day was your/your child’s most recent void? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_