

Complete as much as you can. Approximate information is useful when exact details are unavailable.
Save photographs, notices, maps and medical records separately.

Name _____ Date completed _____

1. The event

Start with what you remember

Fire or event _____ Date and approximate time _____

Location and where you were in relation to the fire

What appeared to be burning?

Wind or smoke direction, if known _____ Approximate distance from fire _____

2. Your immediate exposure

Check all that apply

- | | |
|---|--|
| ☐ Outdoors | ☐ Inside a building |
| ☐ Inside a vehicle | ☐ Dense visible smoke |
| ☐ Visible ash or dust | ☐ Near burning structures |
| ☐ Evacuating or walking | ☐ Firefighting or rescue |
| ☐ Cleanup or debris work | ☐ Repeated exposure |

Approximate total duration _____ Number of separate exposures _____

Describe what you were doing and how heavily you were breathing

3. Protection and conditions

- | | |
|--|--|
| ☐ No respiratory protection | ☐ Loose face covering |
| ☐ N95 respirator | ☐ P100 respirator |
| ☐ Eye protection | ☐ Gloves |
| ☐ Long sleeves and pants | ☐ Filtered indoor air |

Other protection, ventilation or circumstances that affected exposure

4. During exposure or within 24 hours

- | | |
|--|---|
| ☐ Cough | ☐ Wheezing |
| ☐ Shortness of breath | ☐ Chest tightness or pain |
| ☐ Eye irritation | ☐ Throat or sinus irritation |
| ☐ Headache | ☐ Dizziness |
| ☐ Nausea or vomiting | ☐ Confusion |
| ☐ Skin irritation | ☐ No symptoms noticed |

Describe symptoms, severity, timing and anything that relieved or worsened them

Medical care, medications or treatment received

5. Changes noticed afterward

New, persistent, recurring or worsening

- | | |
|--|--|
| ☐ Persistent or recurring cough | ☐ Wheezing or chest tightness |
| ☐ Shortness of breath | ☐ Reduced walking or exercise tolerance |
| ☐ Palpitations or irregular heartbeat | ☐ Unusual fatigue |
| ☐ Frequent headaches | ☐ Memory or concentration changes |
| ☐ Skin or eye problems | ☐ Sleep disturbance or nightmares |
| ☐ Anxiety, depression or withdrawal | ☐ Increased alcohol or drug use |
| ☐ Frequent respiratory infections | ☐ Other change |

Describe the most important changes and when each began

What could you do before the fire that is now harder to do?

6. Changes noticed by family or friends

What did others notice? Include their name and approximate date if helpful.

7. Health before the exposure

- ☐ Asthma
- ☐ Heart or vascular disease
- ☐ Diabetes
- ☐ Pregnancy at time of exposure
- ☐ None of these
- ☐ COPD or other lung disease
- ☐ High blood pressure
- ☐ Kidney disease
- ☐ Anxiety, depression or PTSD
- ☐ Other relevant condition

Relevant diagnoses, medications, allergies and prior test results

8. Medical visits and results

Use one line per visit or test

DATE	CLINICIAN / LOCATION	REASON OR TEST	RESULT / NEXT STEP

9. Questions for your healthcare professional

- ☐ Should this exposure be documented in my medical chart?
- ☐ Would respiratory assessment or spirometry be useful?
- ☐ Do symptoms justify cardiovascular evaluation?
- ☐ Is testing for a specific contaminant appropriate now?
- ☐ Could medications affect hydration or heat tolerance?
- ☐ What changes should prompt me to return?

My other questions

10. Referrals or follow-up plan

Next appointments, referrals, monitoring or instructions

11. Supporting information saved

- ☐ Photographs or videos
- ☐ Evacuation notices
- ☐ Work or cleanup records
- ☐ Names of people present
- ☐ Home or soil testing
- ☐ Air-quality reports
- ☐ Maps
- ☐ Medical records
- ☐ Receipts for protective equipment
- ☐ Other supporting information

Where are these records stored?

12. Continuing exposure

Later return to the area, ash cleanup, demolition, rebuilding or repeated smoke exposure

13. Continuing health record

Add dated changes, visits or results

DATECHANGE, VISIT OR RESULT

Important

This record organizes personal information. It does not prove that an exposure caused an illness, predict future illness or replace individualized medical care. Seek urgent help for severe breathing difficulty, chest pressure, fainting, confusion, stroke symptoms or immediate risk of self-harm.