

RADIATION DOSIMETER REQUEST FORM

RADIATION SAFETY OFFICE SUNY UPSTATE MEDICAL UNIVERSITY SYRACUSE, NEW YORK

Please fill out Sections I and II as completely as possible. **NOTE:** A number of factors are considered in the issuance of a radiation dosimeter (film badge, etc.) such as the magnitude and likelihood of receiving dose, type of radioactive material or type of radiation-producing equipment being used, pregnancy, psychological factors, etc.

SECTION I

Name (print): _____ DOB: _____ SS#: _____ - _____ - _____

Date: _____ M _____ F _____ Dept.: _____ Bldg.: _____ Rm. # _____ Tel. # _____

Expected duration of employment: Permanent: _____ Temp (6 months or less): _____ wks./mos. _____

SECTION II. I will be working with or near (check):

1. Radioactive materials used: _____

i. Radioactive materials used: _____

ii. Name and permit no. of authorized user: _____

iii. I will be personally handling radioactive material:

Yes _____ No _____

2. Machines producing ionizing radiation (x-rays, gamma rays, etc.): _____

Diagnostic: _____ Therapeutic: _____ Other: _____

i. I will be personally handling these machines: Yes _____ No _____

3. Please indicate if you will be working in any of the following areas:

Cardiac Cath Lab: _____

Electrophysiology Lab: _____

Dental Clinic: _____

Urology: _____

I have been previously monitored for radiation exposure at the following places of employment:

Name of Employer: _____

Street Address: _____

City, State, Zip Code: _____

Department Employed in: _____

Period of Employment: From: _____ To: _____

Name of Employer: _____

Street Address: _____

City, State, Zip Code: _____

Department Employed in: _____

Period of Employment: From: _____ To: _____

DO NOT WRITE ON BACK PAGE!

