



PERSONNEL DOSIMETRY INFORMATION FORM

Please type or print legibly and return to Radiation Safety Office, VanVleet Bldg. Room S203)

Name: _____ UTHSC ID No. _____ Date: _____

Job Title: _____ Sex (M/F): _____ Birthdate: _____ SSN(last 3): _____

Institution: _____ Department: _____

Work Address: _____ Building: _____ Room: _____

DESCRIPTION OF DUTIES INVOLVING IONIZING RADIATION: (if radionuclides will be used, list each and maximum activity of each to be handled.)

SUPERVISOR SIGNATURE (Supervisor for duties listed above): _____

HISTORY OF PREVIOUS OCCUPATIONAL RADIATION EXPOSURE

Indicate whether or not you have received occupational radiation exposure prior to your employment by *UT Memphis* by placing a check in front of the appropriate statement below.

____ I have received no occupational radiation exposure prior to being employed by *UT Memphis*.

____ My occupational radiation exposure prior to being employed by *UTHSC* is listed in the table below, and I authorize release to UTHSC.

SIGNATURE _____

PREVIOUS EMPLOYMENT INVOLVING RADIATION EXPOSURE-LIST NAME AND ADDRESS OF EMPLOYER(S)	NAME OF PERSON OR AGENCY RESPONSIBLE FOR FILM BADGE OR OTHER PERSONNEL DOSIMETRY RECORDS	DATES OF EMPLOYMENT (FROM-TO)	PERIODS OF EXPOSURE (FROM-TO)

Office Use Only

Exposure Monitoring Required (Tier 1): _____

Exposure Monitoring Not Required (Tier 2): _____

Radiation Safety Officer: _____ Date: _____