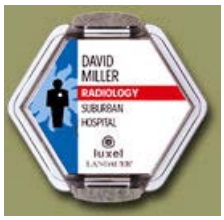
RETURN TO:
University of Virginia
Environmental Health and Safety
Dosimetry Program
P.O. Box 400322
Charlottesville, VA 22904
Call 2-4911 or visit
http://ehs.virginia.edu/ehs/ehs.rs/rs.dosimetry.html



EHS ONLY

Badge No. _____
Type: _____
Date: _____

Temp No. _____
Type: _____
Date: _____

RADIATION DOSIMETER APPLICATION

Name: _____ Credential (e.g. M.D. RT, RN, etc.) _____
Role: _____ Title: _____
University Computing ID (e.g. dps3c): _____ Sex: M F (circle one)
Date of birth: _____ Department: _____
Place of work: room number, and building: _____
Phone number: _____ Name of supervisor: _____
PTAO (your department will be charged for unreturned or late badges) _____

Radioactive material use: Please check below the radioactive material that you will be working with and indicate **approximate** total activities to be used **per month:**

- ☐ P-32 (mCi per month): _____
- ☐ I-131(mCi per month): _____
- ☐ Other nuclide(s) (mCi per month): _____
- ☐ None
- ☐ I-125 (mCi per month): _____
- ☐ F-18 (mCi per month): _____
- ☐ Tc-99m (mCi per month) _____

X-ray producing equipment use: Check all that apply; otherwise check "None."

- ☐ Diagnostic X-ray unit
- ☐ Fluoroscopy unit
- ☐ Portable or stationary C-arm
- ☐ CT
- ☐ Mammography
- ☐ DEXA
- ☐ None
- ☐ Other _____

Online Radiation Safety Training is required before being issued a dosimeter. Provide the name of course and date completed at UVA: _____

PREVIOUS EMPLOYMENT HISTORY INVOLVING RADIATION EXPOSURE:

Have you previously worn a dosimeter at UVA? ☐ Yes ☐ No
If yes and a dosimeter was issued to you under a different name, provide different name here: _____

If you have worn a dosimeter at another institution please provide the following information:

Company Name	Street	City, State	Zip Code	Dates

***I certify** that the information given on this application is correct and complete to the best of my knowledge. I hereby authorize my previous employers to release my dosimetry records to the Radiation Safety Office, University of Virginia.*

***I certify** that I have read Nuclear Regulatory Guide 8.13 Instructions Concerning Prenatal Radiation Exposure and been given the opportunity to ask questions concerning the subject matter.*

SIGNATURE: _____ DATE: _____

Rev. 4/2013