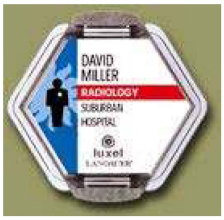
RADIATION DOSIMETER APPLICATION



EHS ONLY Temp No. _____ Badge No. _____

Type: _____ Type: _____

Date: _____ Date: _____

Name:
Credential (e.g. M.D. RT, RN, etc.)
Title:
University Computing ID (e.g. dps3c):
Sex: ☐ M ☐ F
Date of birth:
Department:

Traveler/contract employee? ☐ Yes ☐ No

Place of work: room number, and building:
Phone number:
Name of supervisor:

Radioactive material use: Please check the boxes for what material you will be working with:

☐ P-32:
☐ I-131:
☐ Cs-137/Co-60
☐ Other nuclide(s)

☐ I-125:
☐ F-18:
☐ Tc-99m:
☐ None

X-ray producing equipment Operation: Check all units that you will operate, otherwise check "None."

☐ Diagnostic X-ray unit
☐ ANY Fluoroscopy unit

☐ CT
☐ Mammography
☐ DEXA

☐ Accelerator
☐ Other

☐ None

X-ray units you will work in the vicinity of:

☐ Diagnostic X-ray unit
☐ ANY Fluoroscopy unit

☐ CT
☐ Mammography
☐ DEXA

☐ Accelerator
☐ Other
☐ None

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 that name:

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

Company Name Street City, State Zip Code Date

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.* `

SIGNATURE: DATE:

Rev. 1, 3/21