

## REQUEST FOR PERSONAL MONITORING DOSIMETER

**Confidential: Personal information will be used for the purpose of obtaining dosimetry only**

|  |        |   |                   |           |
|--|--------|---|-------------------|-----------|
| First  | Middle | Last  | (Maiden)          | Sex       |
| Social Security No.<br>X X X - X _ - _ _ _ _   |        |   | Date of Birth     |           |
| University/Hospital Mailing Address            |        |   |                   | Telephone |
| Email  |        | Position or Title                           |                   |           |
| Supervisor/Authorized User                     |        | Department/Section                          |                   |           |
| Expected radiation work: Circle all that apply |        |   |                   |           |
| Clinical x-ray                                 |        | Isotope Research -- Specific nuclides _____ |                   |           |
| Research x-ray                                 |        | PET/Cyclotron                               | Nursing           |           |
| Analytical x-ray                               |        | PET/CT                                      | Radiation therapy |           |
| Nuclear medicine                               |        | Nuclear cardiology                          | Other _____       |           |

### OCCUPATIONAL EXTERNAL RADIATION EXPOSURE HISTORY

#### CURRENT YEAR EXPOSURE HISTORY

- I have not been monitored for radiation exposure during the current year.
- A copy of my termination report(s) or current year dosimetry report(s) is attached.

#### LIST ALL EMPLOYMENT DURING THE CURRENT CALENDAR YEAR INVOLVING RADIATION EXPOSURE FOR WHICH YOU WERE MONITORED.

| LIST NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER | PERIODS OF EXPOSURE |
|---|---------------------|
|   |                     |

### CERTIFICATION

- I CERTIFY THAT THE EXPOSURE HISTORY LISTED ABOVE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- DURING MY EMPLOYMENT UNDER THE UNIVERSITY OF PITTSBURGH RADIATION SAFETY PROGRAM, I AUTHORIZE PREVIOUS AND CONCURRENT EMPLOYERS TO PROVIDE MY RADIATION EXPOSURE HISTORY TO THE RADIATION SAFETY OFFICE.
- UPON MY TERMINATION OF EMPLOYMENT, I AUTHORIZE THE UNIVERSITY RADIATION SAFETY OFFICE TO RELEASE MY FINAL EXPOSURE HISTORY TO ME THROUGH MY PREVIOUS EMPLOYER..

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Signature Date