

DOSIMETRY REQUEST FORM

Note: Prior to completing this form, please review the dosimetry requirements described in the *Radiation Safety Manual* or the *Dosimetry Quick Reference Guide*.

Personal Information

Last Name	First Name	Middle Initial	
UGA ID Number	Date of Birth	Sex (M or F)	
Mailing Address	City	State	Zip Code

Work Location

Department	Building	Room Number(s)	Telephone Number
E-Mail Address	Name of Authorized User		Radioactive Materials Permit Number

Type of Occupational Radiation Exposure

Will you be working with X-Ray equipment?	yes	no			
Will you be working with radioactive materials?	yes	no			
If you are working with radioactive materials, please list the isotopes and the approximate quantity of each isotope that will be handled at any one time in the space below.					
Radioisotope	Quantity (mCi)	Radioisotope	Quantity (mCi)	Radioisotope	Quantity (mCi)

Occupational Radiation Exposure History

Have you ever been monitored for occupational radiation exposure?	yes	no
If yes, please complete the <i>Individual Radiation Exposure History Data Sheet</i> and attach it to this form.		

Type of Dosimetry Requested

Body Badge	Declared Pregnant Worker Badge	To request an extremity badge please circle a ring size	S	M	L
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Comments: _____

Signature of individual requesting dosimetry	Date
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Signature of Authorized User	Date
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This Box for Use by Radiation Safety Only					
Badge Number		Series		Issue Date	

The information on this form should be considered confidential with respect to individual privacy. This information shall only be used for purposes of documenting and tracking individual radiation exposure in accordance with the requirements of the Nuclear Regulatory Commission and the State of Georgia.