Research Safety
Office of Research
UNIVERSITY OF GEORGIA

INDIVIDUAL RADIATION EXPOSURE HISTORY DATA SHEET

Last Name	First Name	Middle Initial	UGA ID Number

1. Have you been monitored for occupational radiation exposure during the current calendar year?

   ☐ Yes ☐ No

2. If yes, please enter your radiation exposure for the current calendar year in the space provided. If you have records of this radiation exposure, please attach copies to this form.

   Radiation exposure for the current calendar year: _____millirem

3. If you do not know your radiation exposure, or have not attached copies of your current calendar year radiation exposure, please list the organization or institution where you were monitored for occupational radiation exposure during the current calendar year in the space provided below. Attach additional sheets as necessary to list multiple organizations or institutions.

Organization					
Address					
City		State		Zip Code	
Telephone Number		E-Mail Address			
Inclusive Dates of Occupational Radiation Exposure					
From					
To					
Name of department where your work involving occupational radiation exposure occurred.					

If you are unable to provide your radiation exposure history for the current calendar year, your maximum annual remaining exposure will be reduced by 1250 mrem for each calendar quarter in which occupational radiation exposure is likely to have been received.

4. Not including the current calendar year, have you ever been monitored for occupational radiation exposure? ☐ Yes ☐ No

5. If yes, please enter your lifetime annual radiation exposure (estimates are acceptable), exclusive of the current calendar year, in the space provided. If you have records of this radiation exposure, please attach copies to this form. Lifetime radiation exposure: _____ millirem

6. By signing this form, I certify that the information I have provided is accurate to the best of my knowledge. In addition, I hereby authorize the release of my radiation exposure records to the University of Georgia.

Signature		**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.