**REQUEST FOR RADIATION BADGE SERVICE**

*Instructions: Please supply the information requested below. Upon completion of this form, return it to the Radiation Safety Office. An appropriate monitoring device will be issued by the Radiation Safety Officer. Please print or type on this form.*

Date of request: \_\_**\_\_\_\_\_\_\_\_\_\_\_**

Full legal name of person to be monitored: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth (month/day/year): \_\_\_\_

Social security #: \_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Supervisor: \_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Isotopes/device to be monitored: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Radiation Exposure History

Have you had any previous work experience where you were monitored for radiation exposure? \_\_\_ **\_\_\_\_\_\_\_\_**

If you answered yes, please supply the information requested below for your last job for which you were monitored:

Company or institution:

address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date you started work for this company: \_\_\_\_\_\_\_\_\_\_\_

End date: \_\_\_\_\_\_\_\_\_\_\_

Your signature releasing your radiation exposure history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be completed by the Radiation Safety Office:

Badge number issued Date issued Type of Device Initials