

Dosimeter Request Form

Instructions: Use this form to request a Dosimeter / Badge from Radiation Safety. **All fields are required to be completed.**

1. Last Name

2. First Name

3. Email

4. Birthdate (MM/DD/YYYY)

5. Identification Number (Employee ID or Student ID)

6. Name of Principal Investigator

7. Gender

Male Female Other

Phone

Have you been previously monitored while employed elsewhere?

- Yes No

If yes, please list your previous work record below

Company:	<input type="text"/>
Department:	<input type="text"/>
Phone:	<input type="text"/>
Address:	<input type="text"/>

Choose one:

- I DO authorize EH&S Radiation Safety permission to obtain copies of my previous radiation exposure histories
- I DO NOT authorize EH&S Radiation Safety to obtain copies of my previous radiation exposure histories
- I DO NOT have previous radiation exposure histories

Comments

<input type="text"/>

I agree to the terms below*

***Terms**

Submission of this Dosimeter Request Form provides acknowledgement on my behalf that EH&S may adjust my dose results, at any time, to account for situations such as incorrect dosimeter wear, lost dosimeters, and use of protective lead aprons and/or eyewear.

For assistance please contact Radiation Safety (951) 827-5748 or (951) 827-5529
