



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 Name & Number	Room Number(s)	Personal 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	<input type="checkbox"/>	<input type="checkbox"/>	
Will you be working with radioactive materials?	yes	no	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	no	<input type="checkbox"/>
If yes, please complete the Individual Radiation Exposure History Data Sheet and attach it to this form.				

Type of Dosimetry Requested

Body Badge	<input type="checkbox"/>	Declared Pregnant Worker Badge	<input type="checkbox"/>	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
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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.