REQUEST FOR RADIATION EXPOSURE HISTORY

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| Instructions for completing this form: | |
| Employee/Student | Please fill out as much information as you can regarding your previous occupational exposure. Complete a separate form for each previous employer/institution. Sign and return to the Radiation Safety Office. |
| Employer/Institution Dosimetry Representative | Please accept this form as an official request for the occupational radiation exposure history of the following signed individual and send the requested information to:   |  |  |  | | --- | --- | --- | | Mail |  | Email | | 1021 Atomic Way  1200 Carothers Hall  Tallahassee, FL 32306-4481  Attn: Radiation Safety Office | [jajohnson2@fsu.edu](mailto:jajohnson2@fsu.edu)  OR  [RSO@fsu.edu](mailto:RSO@fsu.edu) | |

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| **Organization** |  | | | | |
|  | *Previous employer or institution where radiation exposure was received* | | | | |
|  | | | | | |
| **Address** |  | | | | |
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|  | | | | | |
| **City** |  | **State** |  | **ZIP** |  |
|  |  | | | | |
| **Contact** |  | | | | |
|  | *Radiation Safety Officer, Supervisor, or Dosimetry Coordinator* | | | | |

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| **Name** |  | | | | | **Date of Birth** | | | | |  | | | | |
|  | | | | | | | | | | | | | | | |
| **Email** |  | | | | | **Phone** | | | | |  | | | | |
|  | | | | | | | | | | | | | | | |
| **Previous Institution ID** |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Dates of Radiation Monitoring** | | **From** | Select |  |  | | | **To** | Select | | |  | |  | |
|  | | | *Month* |  | *Year* | | |  | | *Month* | | |  | | *Year* |
|  | | | | | | | | | | | | | | | |
| **I hereby authorize that my occupational radiation exposure history be released to Florida State University for the purposes of exposure monitoring to fulfill the requirements outlined in** [**F.A.C. 64E-5.308**](https://www.flrules.org/gateway/ruleno.asp?id=64E-5.308&Section=0)**.** | | | | | | | | | | | | | | | |
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| **Signature** | | | | | | |  | **Date** | | | | | | | |

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| **For FSU RSO Use Only** | | | | | | **Date Received** | | |  | |
| **Request Sent** |  | **Sent Via** | q | **Mail** | q | **Email** | q | **FAX** | **Sent By** |  |