



Dosimetry Monitoring Request Form

Instructions: Complete this form before you begin working with radioactive materials &/or machine-produced radiation use, excluding human use.

Louisiana Radiation Regulations (Chapter 10) require completion of the following information regarding your past radiation exposure and is necessary for initiation of film badge (dosimetry) service. Please complete this form, sign, and return it to the Radiation Safety Officer at labsafety@uno.edu.

Full Legal Name: _____

(Please Print)

UNO ID: _____ Birth Date: _____ Sex: _____

Department: _____ Occupational Title: _____

Select One: Chest Badge; or Ring Badge. If Ring Badge is Selected, Choose Size: Small; Medium; or Large

Previous employment(s) involving radiation exposure as monitored by radiation dosimeter:

Employer List Name & Address	Dates of Employment		Periods of Potential Exposure	
	FROM	TO	FROM	TO
Name: Address:				
Name: Address:				
Name: Address:				
Name: Address:				

For additional employers, please provide information above on separate sheet.

I hereby authorize the release of my radiation exposure history to the Radiation Safety Officer for the University of New Orleans.

Printed Name: _____

Signature: _____

Date: _____

Completed forms must be sent to the Radiation Safety Officer at labsafety@uno.edu