

## Request for Radiation Monitoring

BADGE# \_\_\_\_\_  
MONTH \_\_\_\_\_

**(PLEASE PRINT)**

Name: \_\_\_\_\_  
Last First Middle Initial

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

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

**If you are currently, or have been previously worked with radioactive materials, radiation producing equipment or been occupationally exposed to ionizing radiation, please complete the following:**

Name of Institution: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Period of Employment: \_\_\_\_\_

Were you issued personnel monitoring devices? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name used on badge (maiden name, nickname, etc.)

\_\_\_\_\_

Describe the type of work: \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge and hereby authorize the release of my radiation exposure records to University of Alabama at Birmingham, Birmingham, Alabama.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_