

PAST RADIATION EXPOSURE DATA RELEASE FORM

This form will be used to request and acquire ionizing radiation exposure data received at a previous institution or facility.

Name of Institution

Address City State Zip code

Were you issued a personnel monitoring device? Yes No

If yes, please provide the name used on the badge (maiden name, nickname, etc)

Period / Date of Employment: From: to

I hereby authorize the release of my radiation occupational exposure records to the University of Alabama at Birmingham's Office of Radiation Safety

Employee Printed Name

Signature

Date

You may contact the Office of Radiation Safety Dosimetry Program at:
(205) 934-7487 or (205) 934-2487
EHSdosimetry@uab.edu

For Office of Radiation Safety Use Only:

Series Code

Part Number

Environmental Health and Safety Mailing Address:
445 Community Health Services Building CH19 445
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