

RADIATION DOSE DISCLOSURE FORM

Date: _____

Series: _____

Section 420-3-26-.03(5b) of the Alabama Regulations for Control of Radiation requires that institutions limit exposure from ionizing radiation from all radiation sources. This includes any occupational exposure received at other facilities. Please fill out this form completely, where applicable.

1. NAME _____
Last First Middle Initial

2. SS NO. _____ 3. Birth Date _____ 4. Sex _____
Mo day year

5. DEPARTMENT _____ 6. TELEPHONE NO. _____

- 7. I, the undersigned, (have, have not) had prior occupational exposure to ionizing radiation while working at a facility other than any part of the University of Alabama at Birmingham (UAB). I also (have, have not) worn personnel monitoring equipment at another facility; and, (have, have not) had internal monitoring (whole or partial body counting, or bioassays) performed at another facility. I (am, am not) currently receiving occupational radiation exposure at another facility. If any occupational radiation exposure has recently occurred or is now occurring at other facilities, the amount of that exposure, is as specified below.
- 8. If internal monitoring at any other facilities has indicated that you received a significant (i.e.,equal to or greater than 10 percent of the annual limit) uptake of radioactive material, you must contact the Radiation Safety Officer (RSO) at each facility at which this has occurred and arrange to have this information sent to UAB's RSO.
- 9. I (have, have not) filed all previous occupational radiation exposure with the last facility. I (have, have not) received occupational radiation exposure within the last three months.

Signature (Full Legal Name) Date

10. If you have had radiation exposure within the last three months at other facilities give the amount of exposure in millirem. If personnel monitoring data is unavailable for this period, provide an estimate of your radiation dose. You should consult the Radiation Safety Officer of each facility concerning these estimates. Doses should be clearly indicated as "measured" or "estimated".

_____ millirem

check one	measured	<input type="checkbox"/>
	estimated	<input type="checkbox"/>

11. Information concerning exposure at other facilities.

Please print the information requested below for each facility where your radiation exposure has been documented.

A. Facility _____

Address _____

Department _____

Telephone No. _____

Exposure Period:

From _____ To _____
Month, Year Month, Year

From _____ To _____
Month, Year Month, Year

B. Facility _____

Address _____

Department _____

Telephone No. _____

Exposure Period:

From _____ To _____
Month, Year Month, Year

From _____ To _____
Month, Year Month, Year

12. I AUTHORIZE THE RELEASE OF MY RADIATION EXPOSURE RECORDS TO THE RADIATION SAFETY DIVISION, OCCUPATIONAL HEALTH AND SAFETY DEPARTMENT, UNIVERSITY OF ALABAMA AT BIRMINGHAM.

Signature (Full Legal Name)