

Nuclear Medicine Technology/Health Physics

Radiation Exposure Release Form

(This form is only used if a future employer requests your radiation exposure history.)

I hereby grant The University of Alabama at Birmingham School of Health Professions permission to
release to _____ the accumulated
radiation exposure incurred during my training in the Nuclear Medicine Technology/ Health Physics
Program from _____ to _____.

Print Name _____

Signature _____ Date _____

Student Number _____

Nuclear Medicine Technology/Health Physics
Request for Radiation Monitoring

Name: _____

Social Security Number: _____

Date of Birth: _____

Gender: _____

Department: _____

If you are currently, or have 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 hereby authorize the release of my radiation exposure records to University of Alabama at Birmingham, Birmingham, Alabama.

Employee Signature: _____ Date: _____

Nuclear Medicine Technology/Health Physics

Student Employment in Nuclear Medicine & Health Physics

Students who are employed by affiliating or other nuclear medicine facilities are not covered under student liability insurance and must sign the Waiver of Program Liability form.

The University of Alabama at Birmingham

WAIVER OF PROGRAM LIABILITY: Employment Form/Student

I, _____, have applied for employment with
(NAME OF STUDENT)

_____ as (a) (an) _____.
(EMPLOYER NAME) (ACTIVITY)

This application has been accepted and I (will begin, began) this employment on _____,

20_____. I expect to work a shift of _____ hours per week, beginning at _____ (a.m.) (p.m.).

I understand that The University of Alabama at Birmingham's Nuclear Medicine Technology/Health Physics Program, in which I am enrolled, assumes no liability for any act I may commit in connection with or during the performance of responsibilities concomitant with my employment. Furthermore, I understand that duties fulfilled as part of employment, cannot substitute for clinical competency requirements of the program.

If employment is outside a UAB core facility (UAB Hospital, UAB Highlands, UAB Medical West, The Kirklin Clinic) then the employer must provide their own radiation dosimeters for the employee.

Print Name _____

Signature _____ Date _____

Student Number _____