Nuclear Medicine & Molecular Imaging Sciences/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 & Molecular Imaging Sciences Program or Health Physics Program from _____________ to ______________.

Print Name__________________________

Signature___________________________ Date________________

Student Number____________________
Nuclear Medicine & Molecular Imaging Sciences/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: __________________
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 & Molecular Imaging Sciences/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 _____________________________________