

PERSONNEL DOSIMETER REQUEST AND RADIATION EXPOSURE HISTORY

1. Name (Please print - Last name, First name, MI)		2. Duke Unique ID Number	
3. Date of Birth	4. Age (in full years)	5. Gender (circle one) <div style="text-align: right; padding-right: 20px;">Male Female</div>	
6. WORK Telephone No.			

7. Name of Department AND Authorized User		
8. Type of radiation to be monitored	X-rays	Specify type of equipment:
	Radioactive Materials	Specify radioisotopes:
	Other	Specify:
9. Have you been issued a badge previously at Duke or the Durham VA? (Circle one) Yes No		

10. PREVIOUS EMPLOYMENT INVOLVING RADIATION EXPOSURE, ONLY IF ISSUED A BADGE THERE!		
Name AND Complete Mailing Address of Employer	Dates of Employment (From M/Y – To M/Y)	Period of Exposure (From M/Y – To M/Y)

CERTIFICATION
 I certify that the exposure history listed in Section 10 of this form is correct and complete to the best of my knowledge and belief.

Signature of Employee: _____ Date: _____

RSO USE ONLY (Please do not write below this line.)

Series	Frequency	Badge Type(s)	First Wear Date	LANDAUER REQUEST	Initials	Date
	M Q			Triple I Telephone		

RSO COMMENTS

*Please return this form to
 Radiation Safety Office/Badge Program
 Duke University Medical Center
 Box 3155
 Durham, NC 27710
 (919) 684-2194 (Office)
 (919) 668-2783 (FAX)*

Note: Items 1-10 must be completed before a dosimetry badge will be issued.