REQUEST FOR RADIATION EXPOSURE HISTORY

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| Instructions for completing this form: |
| Employee/Student | Please fill out as much information as you can regarding your previous occupational exposure. Complete a separate form for each previous employer/institution. Sign and return to the Radiation Safety Office.  |
| Employer/Institution Dosimetry Representative | Please accept this form as an official request for the occupational radiation exposure history of the following signed individual and send the requested information to:

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| Mail |  | Email |
| 1021 Atomic Way1200 Carothers HallTallahassee, FL 32306-4481Attn: Radiation Safety Office | jajohnson2@fsu.eduORRSO@fsu.edu |

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| **Organization** |   |
|  | *Previous employer or institution where radiation exposure was received* |
|  |
| **Address** |   |
|  |
|  |   |
|  |
| **City** |   | **State** |   | **ZIP** |   |
|  |  |
| **Contact** |   |
|  | *Radiation Safety Officer, Supervisor, or Dosimetry Coordinator* |

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| **Name** |   | **Date of Birth** |   |
|  |
| **Email** |   | **Phone** |   |
|  |
| **Previous Institution ID** |   |
|  |
| **Dates of Radiation Monitoring** | **From** | Select |  |   | **To** | Select |  |   |
|  | *Month* |  | *Year* |  | *Month* |  | *Year* |
|  |
| **I hereby authorize that my occupational radiation exposure history be released to Florida State University for the purposes of exposure monitoring to fulfill the requirements outlined in** [**F.A.C. 64E-5.308**](https://www.flrules.org/gateway/ruleno.asp?id=64E-5.308&Section=0)**.** |
|  |  |   |
| **Signature** |  | **Date** |

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| **For FSU RSO Use Only** | **Date Received** |  |
| **Request Sent** |  | **Sent Via** | q | **Mail** | q | **Email** | q | **FAX** | **Sent By** |  |