



DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY

Radiation Safety Office

1200 Carothers

Tallahassee, Florida 32306-4481

Phone: 850.644.8802 Fax: 850.644.8842 Web: www.safety.fsu.edu

REQUEST FOR RADIATION EXPOSURE HISTORY

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	<p>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:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"> Mail 1021 Atomic Way 1200 Carothers Hall Tallahassee, FL 32306-4481 Attn: Radiation Safety Office </td> <td style="text-align: center; width: 50%;"> Email iajohnson2@fsu.edu OR RSO@fsu.edu </td> </tr> </table>	Mail 1021 Atomic Way 1200 Carothers Hall Tallahassee, FL 32306-4481 Attn: Radiation Safety Office	Email iajohnson2@fsu.edu OR RSO@fsu.edu
Mail 1021 Atomic Way 1200 Carothers Hall Tallahassee, FL 32306-4481 Attn: Radiation Safety Office	Email iajohnson2@fsu.edu OR RSO@fsu.edu		

Organization

Previous employer or institution where radiation exposure was received

Address

City

State

ZIP

Contact

Radiation Safety Officer, Supervisor, or Dosimetry Coordinator

Name

Date of Birth

Email

Phone

Previous Institution ID

Dates of Radiation Monitoring

From

Select

Month

Year

To

Select

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](#).

Signature

Date

For FSU RSO Use Only				Date Received			
Request Sent		Sent Via	<input type="checkbox"/> Mail <input type="checkbox"/>	Email	<input type="checkbox"/>	FAX	Sent By