

**TEXAS A&M UNIVERSITY
ENVIRONMENTAL HEALTH AND SAFETY
REQUEST FOR DOSIMETRY SERVICE**

Please complete Sections I and II. Return completed form to the Environmental Health and Safety Department, TAMU, College Station, TX 77843-4472. Any questions, call (979) 845-1361. (Fax: 862-7804).

SECTION I: PERSONAL INFORMATION (Please Print or Type)

Full Name: _____
Last First Middle (Maiden)

By checking this box, I certify that I am 18 years of age or older. Sex: ___M ___F

Date of TAMU radiation safety training _____ General Rad Vet School Specific RPD

Universal ID Number: _____
Please provide a UIN, if you do not have a UIN, a unique identifier will be assigned to you.

Permit Holder (Name of Your P.I., **NOT** TAMU): _____

TAMU Department: _____

If vet school, please provide the following:

ASSIGNED WORK AREA	TITLE
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Per 25 TAC §289.203, a report of radiation exposure must be furnished upon request to each individual after termination of employment or association involving exposure to radiation. **Please list an address where such a report will reach you upon termination of employment.**

Dosimetry Requesters Information:

Permanent Address: _____
Email address: _____
Phone number: _____

SECTION II: RADIATION EXPOSURE HISTORY (Please Print or Type)

- | | YES | NO | |
|----|-----|-----|---|
| 1. | ___ | ___ | I have previously been monitored for radiation exposure at TAMU (internal via bioassay or external via radiation dosimeter(s)). Please provide dates |
| 2. | ___ | ___ | I have previously been monitored during the current calendar year for radiation exposure while employed ELSEWHERE , internal or external. |
| 3. | ___ | ___ | I am providing EHS - MS 4472 a signed copy of my previous radiation exposure. |

If you have been monitored for radiation exposure, elsewhere, and you do not provide EHS a copy, then your allowable radiation exposure for the current calendar year will be reduced appropriately.

Signature Date

"State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you." Contact: ehsd@tamu.edu or (979) 845-2132.