Radiation Exposure History

Environmental Health & Safety

Section A: Employee Information

Name:			**Social Security No:** - -
Department:			**Date of Birth:** / /
Building:		**Official Title:**	
Room:	**Zip:**	**Sex:** M ☐ F ☐	**Phone No:**

Section B: Radiation History

Have you ever worked in a radiation area? Yes ☐ No ☐

Did you wear a monitoring device? Yes ☐ No ☐

If you have worked with radiations before, complete the following for each employer or affiliation involving radiation use.

Previous Employer/Affiliation COMPLETE ADDRESS	Dates of Radiation Work (mo/yr - mo/yr)	Dosimeter Worn (yes / no)

I certify that the above information is correct and complete to the best of my knowledge.

Signature _____ Date _____

Section C: Authorizations (Fill in ONE for each employer)

I hereby authorize the release of my prior radiation history records to the Radiation Safety Officer, Stony Brook University, NY 11794-6200.

Signature _____ Date _____

I hereby authorize the release of my prior radiation history records to the Radiation Safety Officer, Stony Brook University, Stony Brook, NY 11794-6200.

Signature _____ Date _____

I hereby authorize the release of my prior radiation history records to the Radiation Safety Officer, Stony 0 Brook University, Stony Brook, NY 11794-6200.

Signature _____ Date _____

NOTE: Make extra copies if required for additional personnel