

Section 1: Participant Data

Radiation Safety Program Dosimetry Service Assessment and Exposure History Form

As required in the Texas Administrative Code, Chapter 25, §289.202, the following information regarding your radiation exposure history this calendar year is necessary for assessment of dosimetry service. Full Name: _ Last First Middle Employee ID Number: ____ Gender: Female Male Age: Classification: Laboratory Staff Faculty Clinical Staff Resident Other-Specify: ____ Name of Supervisor you will you be working for: __ Section 2: Select the appropriate response: **UTRGV DOSIMETRY POLICY** Yes No a. I will work with 3H, 14C, 35S, 33P, 125I only. If yes, no dosimeter required. b. I will work with 32P or 36Cl >10 mCi per protocol. If yes, dosimeter required. c. I will work with 86Rb, 22Na, 51Cr, 131I >5 mCi per protocol. If yes, dosimeter required. d. I will work for Environmental Health & Safety. If yes, dosimeter required. e. I am a voluntarily declared pregnant worker. If yes, see Guidance Document 1.3 f. I am working with an Medical X-Ray Unit. g. I am working with an Industrial X-Ray Unity. h. I am not required, but would like a whole-body badge. If yes, administratively badged. i. I am not required, but would like an extremity badge. If yes, administratively badged. Other If yes, dosimeter required. Section 3: Previous employment(s) involving radiation exposure this calendar year Have you been occupationally exposed to radiation sources this calendar year at another institution? Yes No Does any concurrent employment to UTRGV require exposure to radiation sources this calendar year? Yes No Facility Name: Address: Section 4: Signature I authorize the release of my radiation exposure history to The University of Texas Rio Grande Valley (UTRGV) and will notify the UTRGV Department of Environmental Health & Safety in the event of changes to the above information. Applicant: _____ Signature Permanent mailing address: