Stanford University

Dosimetry Profile & Authorization Form

Instructions: Please complete the form and send to: Dosimetry Coordinator, Health Physics, MC8007 or Fax to Health Physics at 650-723-0632 or Email: pcherry@stanford.edu. Heart Symbol Denotes Information is required

♥ **Personal Information- Print Clearly and accurately**	♥
Date of Request:	Personal Email Address:
Name: Last/First:	Contact Number:
Gender:	Expected Start Date:
Date of Birth:	Expected End Date:
♥ **Position/Title:**	♥ **Type of Service: please check**
☐ (F) Faculty ☐ (P) Post-Doc ☐ (V) Visiting Scientist ☐ (S) Staff ☐ (G) Student; (O) Other_____	**X-ray** ☐ **Beta** ☐ **Gamma** ☐ **Neutron** ☐ **Do you wear a Lead Apron: Yes or No** ☐ **Badge or** ☐ **Ring or** ☐ **Both (i.e., Cyclotron/ Lucas Center/)**

♥ **USE: Please check all that apply below:**			♥ **Dosimetry Notes:**
(N): Not using radiation but works in a radiation lab ☐	(XRF): X-ray Fluorescence ☐	(XI): X-ray Irradiator ☐	Approved: ☐ Yes ☐ No Contacted: ☐ Yes ☐ No Spare Given: ☐ Yes ☐ No
(C): Radiochemical ☐	(XRM): X-ray Medical ☐	(SI): Sealed Source Irradiator ☐	Wearer No.
(S) : Small Sealed Source ☐	(XRN) : X-ray non-medical ☐	(O) : Other ☐	Comments:
(XRD): X-ray diffraction ☐	(XRC): Cabinet x-ray ☐		Reviewed By: _____

♥ **This Portion to be completed by Dosimetry Contact at Location:**	♥ **Dosimetry Location & Account Number: (ex. 161012-RAD)**
Dosimetry Contact Person:	Position/Title:
Contact Email:	Location Code:
Department or Division:	Account Number:
Notes:	Spare Given:
♥ **Authorization to Obtain Radiation Exposure History**	
Name of Institution or Company:	Department or Division:
Address:	Wearer Number of (Company) dosimeter:
Time of Affiliation: From	To:
♥ **Required Signature:**	**Date:**