

Health Physics/Radiation Safety

DOSIMETRY REQUEST FORM (rev. 07/30/2024)

INSTRUCTIONS – Please complete the form and email it to the Health Physics Dosimetry Coordinator, MC8007, or email it to redmanha@stanford.edu, or Fax it to Health Physics at 650-723-0632.

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|--|--------------------------------|---------------------------------|---|
| Date of Request: | | Radiation Work Start Date: | |
| Wearer First Name: | | Wearer Last Name: | |
| Wearer Employee Email: | | | |
| Is the wearer 18 or older? (If no, provide DOB) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Date of Birth: |
| Will this wearer wear a lead apron? | YES <input type="checkbox"/> | | NO <input type="checkbox"/> |
| Ring Size: | Small <input type="checkbox"/> | Medium <input type="checkbox"/> | Large <input type="checkbox"/> X-Large <input type="checkbox"/> |

Briefly explain what radiation sources you will be exposed to during your work. If you are a university employee, include the name of your PI/Lab. If you are a hospital employee, include your department.

Occupational Radiation Exposure History: Review the information in the boxes below, check the box that is applicable, and sign. Attach any documentation as necessary to this form.

| | |
|--|--------------------------|
| I certify that I have no prior occupational radiation exposure history from any previous employers during the current calendar year (as of the date of request above): | <input type="checkbox"/> |
| Signature: | Print Name: |

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|--|--------------------------|
| I have attached a signed statement from myself or from my previous employer(s) that discloses the amount of occupational dose that I have received during the current calendar year (as of the date of request above) from my previous employment: | <input type="checkbox"/> |
| Signature: | Print Name: |

Dosimetry Account Information (your site contact should have this information):

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|---|-----------------|
| Contact Person: | Contact Email: |
| Department or Lab: | Account Number: |
| Subaccount Number (Landauer dosimeters) or Location Number (Mirion Dosimeters): | |