

Radiation Badge Request Form

Department Use Only

Training Certificate submitted Spare: Y/N Spare Serial No.: _____ PIN #: _____

Please submit your Dosimetry Training Certificate with this completed form

As required in the Texas Regulations for Control of Radiation, 25 TAC §289.202, the following information regarding your past radiation exposure for the current year is required for initiation of radiation badge service. Fill in **EVERY** blank, **SIGN**, and **RETURN** to Radiation Safety at RadSafe@UTSouthwestern.edu, Phone 214-645-1353. Incomplete forms will be returned to the Badge Monitor.

PERSONAL INFORMATION (PRINT CLEARLY)

Have you previously worked for UT Southwestern, Parkland Health, or Children's Health?		Yes	No
Last Name:		First Name:	
		Middle Initial:	
Maiden Name (if applicable):			
Employee ID:		DOB:	
		Female	Male
<i>Check One:</i> Children's Health – Dallas / Plano Parkland Health University Hospitals – Clements / Zale / Clinic: _____ UTSW Research Lab: _____		Work Area - Please briefly describe your work. Are you Hospital (Clinic) or Research? <i>If using radioactive materials, please list isotope and quantity in mCi.</i>	
Department:		Badge Series Code:	
		Position/Title:	
Badge Type: Chest / Collar / Waist / Ring		Ring wear location: Rt. Hand / Lt. Hand	

I have read the Operating and Safety procedures associated with Certificate of Registration numbers R01824 / R01953 / R28513 / R38885 / M00504 / M00511 / M00895 / M00912 / M01267 / M01637 / M01727 / M01736 / R11347, in accordance to 25 TAC §289.227(i)(2(A, B, C, D)), Texas Regulations for the Control of Radiation.

Signature:	Date:
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1. Do you currently work for another facility and are monitored for radiation exposure? Yes No
 (If YES, please complete Concurrent Work Dose History form.)

2. During the current year, have you been monitored for radiation exposure? Yes No
 (If YES, please complete below.)

Note: If any of the previous employers were located in a foreign country, please list any identification numbers that may help us locate your exposure history records: Attach additional information on separate sheet if necessary.

Name of Employer:			
Contact Name:		Phone Number:	
Street Address:		P.O. Box:	
City:	State:	Zip:	Country:
Department:	Start Date of Employment:	End Date of Employment:	

I authorize the release of my radiation exposure history:

Signature:	Date:
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Badge Coordinator

Print:	Signature:	Date:
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