

Concurrent Work Dosimetry History Form

As required in the Texas Regulations for Control of Radiation, 25 TAC §289.202, the following information regarding your concurrent radiation exposure for the current calendar year is required for 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)

Last Name:	First Name:	Middle Initial:
Maiden Name (if applicable):		
Employee ID:	DOB:	<input type="checkbox"/> Female <input type="checkbox"/> Male
<i>Check One:</i> <input type="checkbox"/> Children's Health <input type="checkbox"/> University Hospitals Clinic: _____ <input type="checkbox"/> Parkland Health <input type="checkbox"/> UTSW Research Lab: _____		Department:
		Badge Series Code:

Name of Employer:		
Department:		
Contact Name:	Phone Number:	
Street Address:	P.O. Box:	
City:	State:	Zip:
E-mail Address:		

Name of Employer:		
Department:		
Contact Name:	Phone Number:	
Street Address:	P.O. Box:	
City:	State:	Zip:
E-mail Address:		

I authorize the release of my radiation exposure history:

Signature:	Date:
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