



UNIVERSITY OF NEVADA, LAS VEGAS
RADIOLOGICAL SAFETY OFFICE
4505 MARYLAND PARKWAY, LAS VEGAS, NEVADA 89154-1042
(702) 895-4226

Request for Personnel Dosimetry

Full Name: Last First Middle

UNLV ID #: DOB: Sex:

Social Security Number: (Only provide SSN for previous exposure)

Mailing Address:

Academic Program/Department: Supervisor:

Position in Program/Department: Sources/RPD working with:

Table with 4 columns: For RSO Office Use Only, Group No., Training date, and sub-columns for Type of Badge (Whole Body, Collar, Fetal, Ring) and If Spare issued, No: (Badge No., Badge Series).

THIS YEAR, were you monitored for radiation exposure at a location other than UNLV?

Circle one: Yes No

Is your CURRENT YEAR whole body exposure less than 100mRem?

Circle one: Yes No

If YES, what is your estimated exposure mRem.

Provide your social security number with personal information above and give the complete name and address of that employer and the dates worked below:

Facility Name:

Address:

City: State/Country: Zip:

Dates monitored: from to

I hereby authorize my previous employer/academic institution to release my radiation exposure records to the University of Nevada, Las Vegas. (Radiation Safety Office, UNLV, 4505 Maryland Parkway, Las Vegas, NV 89154-1042).

Signature Date of Request