



Last Name:  First Name:  Middle Initial:

Last 4 Numbers of SSN: XXX-XX-  Date of Birth:  Sex:

Group:  Index Number:  Ring Size:

Landauer Series Code(s):  Person In Charge Of Dosimetry:

• Are you currently issued a dosimetry badge by another employer?

If "Yes", employer name and address:

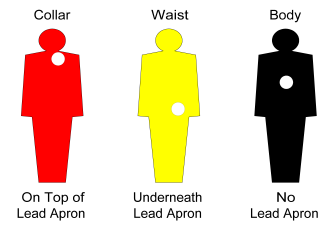
Dates employed:  to Present

• Were you ever issued a dosimetry badge by a past employer?

If "Yes", most recent employer name and address where a badge was issued:

Dates employed:  to

By checking this box, I understand that collar badges shall be worn on top of the lead apron at the collar, waist badges shall be worn underneath the lead apron at the waist, and body badges shall be worn anywhere on the body between the neck and waist.



SUBMIT TO EHSRAD@UCSD.EDU  
AND FAX TO EXT 2-7763

The information you are asked to provide on this form is requested by the State of California, Department of Health Services, Radiologic Health Branch. This notice is required by Section 1798.17 of the Information Practices Act of 1977 (Code of Civil Procedure, Section 1798-1798.76) and the Federal Privacy Act to be provided whenever an agency requests personal or confidential information from any individual. It is mandatory that you furnish the information requested on this form. Failure to furnish the requested information may result in an inaccurate determination of statements and/or disapproval of your application.

I hereby certify that all information in this statement is true and correct, and authorize the release of any past radiation exposure history from previous employers to UCSD. I have read, understood and will comply with the requirements of the UCSD Radiation Safety Manual. I will inform EH&S of any concurrent employment involving exposure to radiation.

