

<i>Departmental Use Only</i>		
Badge No. _____	History _____	ID _____

**Children's Medical Center
Radiation Badge Request 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 Dosimetry, UT Southwestern, Radiation Safety Dept. MC 9053, Phone 214-648-2250.

PERSONAL INFORMATION (Please print clearly.)

Last Name:		First Name:		Middle Init.
Maiden Name (if applicable):				
Home Address				
Social Security No.:		Birth Date:		Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>
Department:		Division:	Mail Code:	Phone No.:
Employee ID:		Series:	Badge Type: Collar, Chest, Waist, Fetal, Ring	Monthly/Bi-monthly

Disclosure of your Social Security Number ("SSN") is required of you in order for The University of Texas Southwestern Medical Center at Dallas to track occupational exposures to ionizing radiation, as mandated by Federal Code 10CFR19.13 and Texas Administrative Code 25TAC289.202(rr)(3). Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

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

CURRENT YEAR EMPLOYMENT(S) INVOLVING RADIATION EXPOSURE:

Name of Employer:

Street Address:			P.O. Box:
City:	State:	Zip:	Country:
Department:	Start Date of Employment:	End Date of Employment:	

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.

Work Area Select the description that applies to your work area.

<p>I handle x-ray equipment in the following area(s).</p> <p><input type="checkbox"/> Diagnostic Radiology <input type="checkbox"/> Clinical Radiotherapy <input type="checkbox"/> Radiation Physics <input type="checkbox"/> Cardiology <input type="checkbox"/> Surgery <input type="checkbox"/> Other Please explain</p>	<p>I handle radioisotopes in the following area(s).</p> <p><input type="checkbox"/> Clinical Radiotherapy <input type="checkbox"/> Nuclear Cardiology <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Environmental Health and Safety <input type="checkbox"/> Other Please explain</p>
<p>I handle the following isotopes for research purposes</p> <p><input type="checkbox"/> 250 mCi of P-32 per year (extremity monitoring) <input type="checkbox"/> 100 mCi of I-125 per year (extremity monitoring) <input type="checkbox"/> 80 mCi of Gamma emitting radioisotopes** (other than I-125) per year whole body monitoring <input type="checkbox"/> Other Please explain</p> <p><small>** Cs-137 irradiator users do not require personnel monitoring</small></p>	<p>If none of the above applies, please explain why you feel you need a dosimetry badge.</p>

I authorize the release of my radiation exposure history:

Signature:		Date:	
Badge Monitor Name:		Signature	
		Date:	