

**The Johns Hopkins Medical Institutions
Request for Personnel Radiation Monitor**

Instructions: Complete items 1 through 7 and item 13. Item 14 must be completed by the Authorized User. A request to obtain your radiation exposure history must be completed for each employer identified in item 6.

1. Name: Last: _____ First: _____, MI _____ e-mail: _____	2. Location: Building: _____ Room: _____ Office Phone: _____	3: Department: _____ Authorized User: _____
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4. Social Security Number: _____ - _____ - _____	5. Birth Date: Month _____ Day _____ Year _____
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Occupational Radiation Exposure History

6. Previous employment involving radiation exposure. List name and address of employer.	7. Dates of employment. List month and year.	Previous Radiation Dose History.	
		8. Whole Body (rems)	9. Calculated or measured?

10. Permissible Accumulated Dose:	11. Accumulated Occupational Dose:	12. Unused part of permissible Dose:
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13. Certification:
 I certify that the information in items 1 through 7 is correct and complete to the best of my knowledge and belief.

 Signature Date

14. Statement by Authorized User:
 I have instructed this individual in the safe handling of radioactive materials and precautions in radiation areas.

 Signature Date

Temporary Badge _____	Permanent Badge _____	
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