

PLEASE COMPLETE FORM & SEND TO HEALTH PHYSICS, FAX: 723-0632, M/C 8007

AUTHORIZATION TO OBTAIN RADIATION EXPOSURE HISTORY

PURPOSE: In order to comply with regulations pertaining to radiation exposure, it may be necessary for Stanford University to obtain your occupational exposure history if you have been exposed to ionizing radiation.

INSTRUCTIONS: Please complete the form below giving the information requested. List only those organizations where you were exposed to radiation such that personnel monitors (dosimeters) were worn. If you have never worn dosimeters write "none".

INFORMATION: _____
Name

Soc. Sec. No. Date of Birth

Department

FORMER AFFILIATIONS HAVING RECORDS OF RADIATION EXPOSURE

Name of Company or Institution _____
Department or Division: _____
Address: _____
Time of Affiliation: From: _____ To: _____

I authorize the release of past radiation exposure information to Stanford University.

Signature: _____ Date: _____

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Name of Company or Institution: _____
Department or Division: _____
Address: _____
Time of Affiliation: From: _____ To: _____

I authorize the release of past radiation exposure information to Stanford University.

Signature: _____ Date: _____
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