PERSONNEL MONITORING DEVICE APPLICATION

University of Florida Division of Environmental Health & Safety

Department of Radiation Control & Radiological Services PO Box 118340, 212 Nuclear Sciences Center, Gainesville, FL 32611

Telephone: (352) 392-7359 or Fax: (352) 846-0489

THIS REQUEST IS TO:	Reactivate an old badge Apply for a new badge	Whole body, collar Whole body, waist Extremity, rt hand Extremity, lt hand Extremity, rt wrist Extremity, lt wrist			
A request for a fetal monitor must be accomdeclaring pregnancy and the approximate data	panied by a declaration of pregnancy for the of conception.				
PRINT NAME: (LAST, FIRST, MIDDLE INITIAL)					
UFID:					
FOR THOSE INDIVIDUALS WORKING AT A SHANDS HEALTH CARE FACILITY, THIS IS AN 8 DIGIT NUMBER THAT CAN BE FOUND ON THE BACK OF YOUR ID BADGE					
DATE OF BIRTH:/_/					
SEX MALE FEMA	LE				
PRINCIPAL INVESTIGATOR/SUPERVISOR:					
FILM BADGE COORDINATOR:					
DEPARTMENT:					
FACILITY	BLDG	ROOM			
MAILING ADDRESS: BOX		<u> </u>			
DO YOU WORK WITH: Radiation producing device (x-ray machine, accelerator, irradiator Radioactive material; list radionuclide(s)					
If you work directly with radioactive material or radiation producing devices, a completed <i>Statement of Training and Experience</i> form must be attached for approval.					
If you do not work with radioactive material or a radiation producing device, list the reason for this badge request:					
(Based on this reason, the badge	may/may not be issued at the discretion	of the Radiation Control Officer.)			

COMPLETE REVERSE SIDE OF FORM

OFFICE USE ONLY				
RCO Approval	Part ID#			
Binary #	Series Code			
	Date Issued			

OCCUPATIONAL RADIATION EXPOSURE HISTORY IDENTIFICATION

Have you EVER received a personal or participated in a bioassay program other than UF/Shands Health Care Sy	somewhere	☐ YES	□ NO		
IF YES, COMPLETE THE FOLLOWING:					
OCCUPATIONAL EXPOSURE – PREVIOUS HISTORY					
Previous employment involving occupational exposure List name and address of employer	Date of Employment (From – To)	Period of Exposure (From – To)	Estimated Radiation Exposure (mrem)		
Certification: I certify that the exposure history information listed above is correct and complete to the best of my knowledge. I authorize the release of my radiation exposure records to the University of Florida.					
Employee Signature:	Nam	e (Print)			
IIFID· -	Date	/ /			