

Attention: Radiation Safety Officer

Please accept this letter as an official request to obtain the occupational radiation exposure history of the following individual, who was formerly employed at your institution, and advises us that they were issued a dosimeter to monitor radiation exposure received on the job.

The following individual is now associated with the organization listed below, and this information is necessary to comply with State/NRC Regulatory Code:

Please submit the requested information by email to remoteservices@westphysics.com within 14 days of receipt of this letter. Your assistance is greatly appreciated. Questions may be emailed to: **RSO email:**

Current Employer Information

Institution: _____

Department: _____

Date of
Employment: _____

Radiation Exposure History Request Form

Radiation Worker Information

Name: _____
DOB: _____
SSN (or last 4 of SSN): _____
Phone: _____
Email: _____

Have you ever been occupationally exposed to radiation and assigned a radiation dosimeter in previous employment?

Yes _____ No _____

Previous Employer Information *New Employee to Complete this Section if previously badged*

Institution: _____
Address: _____
Department: _____
Dates of Employment: _____
Badge Type(s) Worn: _____
Contact Name: _____
Email: _____
Phone: _____
Radiation Safety Officer (RSO) email: _____

I hereby authorize the release of my radiation exposure history to the current employer listed above:

Signature: _____ ***Date:*** _____