

DOSIMETRY APPLICATION

Harry S. Truman Memorial Veteran's Hospital
800 Hospital Drive, Columbia, MO 65201
Radiation Safety Office
Cell: 573-397-3074, Ext.: 52590, Office: B050

Complete the following to request a dosimeter for work with X-ray producing machines or radioactive materials.

Personal Data: Today's Date: ____/____/____

First Name: _____

Middle Initial: _____ Gender: Male Female

Last Name: _____ Birthdate: ____/____/____

Job Title: _____ Service: _____

Type of Use:	Will you operate an X-ray machine?	Required training	Last date taken:
<input type="checkbox"/> Fluoroscopy	<input type="checkbox"/> Operator	Fluoro training for operators	____/____/____
	<input type="checkbox"/> Non-operator	X-ray safety training:	____/____/____
<input type="checkbox"/> Non-Fluoroscopy	<input type="checkbox"/> Operator	Fluoro training for operators	____/____/____
	<input type="checkbox"/> Non-operator	X-ray safety training:	____/____/____
<input type="checkbox"/> Radioactive materials		Radiation Safety training:	____/____/____

Select Dosimeter needed: *(Radiation safety will select if needed)*

- Chest – whole body Collar
- Ring (1) select size Small Medium Large
- Ring (2) select size Small Medium Large
- Fetal - attach "Declaration of Pregnancy" form

Dosimetry & radiation exposure history information:

Check the boxes that apply *(complete employer information if box checked)*

- I was required to wear a dosimetry monitoring device during this calendar year
- I am currently monitored by another employer

Previous Employer: _____

Contact for dosimetry Records: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Signature: _____ Date: ____/____/____

- I authorize the release of my radiation exposure records to the RSO of the HSTVA as indicated by my signature above.

Manager/Supervisor Signature: _____ Date: ____/____/____

- I approve and accept responsibilities for this individual to work with ionizing radiation as indicated by my signature above.

Participant number:		Location:		Fetal badge:	
Date Added:		Begin wear date:			
Notes:					