



DOSIMETRY SERVICE REQUEST

Complete and this form and email it to radstaff@austin.utexas.edu.
As a Radiation Worker, if you wish to declare your pregnancy, contact the RSO.

Authorized User: Subaccount Code: Date:

ACTIVATE NEW PARTICIPANT

Last name: First name: Gender:

UTEID: Date of Birth:

Email: Campus Phone:

Dosimeter Types(s): Whole Body Right Ring Left Ring Ring Size
Ring goes on non-dominant hand

Have you been monitored for occupational exposure to radiation at any other company or institution during the **current calendar year**? Yes No

Institution: Department:

Mailing Address:

Dates: through

DEACTIVATE PARTICIPANT

Last name: First name: UTEID:

Please provide a permanent mailing address where a final exposure report may be sent:

By signing below, I certify that this information is correct to the best of my knowledge; permission is granted to obtain experience and exposure records at prior or co-employing institutions; I agree to inform of co-employment as a radiation worker while at UT-Austin as a radiation worker.

If you are issued dosimetry, information will be furnished to the dosimetry vendor to provide lifetime tracking of dose and kept in a secure, confidential database, akin to a medical record. Information requested allows you to be unambiguously identified across institutions.

Notice Concerning Your Information: The Texas Public Information Act, with few exceptions, gives you the right to be informed about the information that The University of Texas at Austin collects about you. It also gives you the right to request a copy of that information; and to have The University of Texas correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, P.O. Box 8179, Austin, TX 78713 (cfo@www.utexas.edu).

Signature: Date:

FOR EHS USE ONLY

Processed by: Date: