

Enrollment and Dosimetry Request Form for Medical Workers Using Radiation Producing Machines

Last Name: <input style="width: 90%;" type="text"/>	First Name: <input style="width: 90%;" type="text"/>	Middle Initial: <input style="width: 40%;" type="text"/>	Sex: <input style="width: 40%;" type="text"/>
Last 4 Numbers of SSN: XXX-XX- <input style="width: 40%;" type="text"/>	Date of Birth: <input style="width: 80%;" type="text"/>	Phone: <input style="width: 90%;" type="text"/>	
Email: <input style="width: 90%;" type="text"/>	Department: <input style="width: 90%;" type="text"/>	Mail Code: <input style="width: 90%;" type="text"/>	

- * Will you be performing fluoroscopy, or are you required to be in the room when fluoroscopy is performed? Yes No
- * Will you be operating a mobile x-ray unit? Yes No

Please complete the section below if you answered yes to either of the above questions:

Landauer Series Code(s): <input style="width: 80%;" type="text"/>	Index Number: <input style="width: 80%;" type="text"/>	Ring Size: <input style="width: 80%;" type="text"/>
Supervisor: <input style="width: 90%;" type="text"/>	Person In Charge Of Dosimetry: <input style="width: 90%;" type="text"/>	

Are you **currently** issued a dosimetry badge by another employer?

If "Yes", employer name and address:

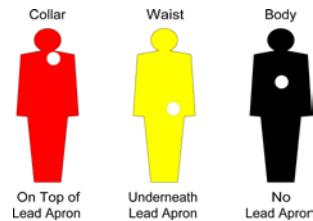
Dates employed: to Present

Were you **ever** issued a dosimetry badge by a past employer?

If "Yes", most recent employer name and address where a badge was issued:

Dates employed: to

By checking this box, I understand that collar badges shall be worn on top of the leaded apron at the collar, waist badges shall be worn underneath the leaded apron at the waist, and body badges shall be worn anywhere on the body between the neck and waist.



The information you are asked to provide on this form is requested by the State of California, Department of Health Services, Radiologic Health Branch. This notice is required by Section 1798.17 of the Information Practices Act of 1977 (Code of Civil Procedure, Section 1798-1798.76) and the Federal Privacy Act to be provided whenever an agency requests personal or confidential information from any individual. It is mandatory that you furnish the information requested on this form. Failure to furnish the requested information may result in an inaccurate determination of statements and/or disapproval of your application.

I hereby certify that all information in this statement is true and correct, and authorize the release of any past radiation exposure history from previous employers to UCSD. I have read, understood and will comply with the requirements of the UCSD Radiation Safety Manual. I will inform EH&S of any concurrent employment involving exposure to radiation.