

PLEASE RETURN TO HEALTH PHYSICS, ESF, 8006

**AUTHORIZATION TO OBTAIN RADIATION EXPOSURE HISTORY**

**PURPOSE:** In order to comply with regulations pertaining to radiation exposure, it may be necessary for Stanford University to obtain your occupational exposure history if you have been exposed to ionizing radiation.

**INSTRUCTIONS:** Please complete the form below giving the information requested. List only those organizations where you were exposed to radiation such that personnel monitors (film badges) were worn. If you have never worn dosimeters write "none".

**INFORMATION:** Name: \_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**FORMER AFFILIATIONS HAVING RECORDS OF RADIATION EXPOSURE**

**Name of Company or Institution:** \_\_\_\_\_

**Department or Division** \_\_\_\_\_

**Address** \_\_\_\_\_

**Time of Affiliation:** from: \_\_\_\_\_ to: \_\_\_\_\_

I authorize the release of past radiation exposure information to Stanford University.

Signature: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

**Name of Company or Institution:** \_\_\_\_\_

**Department or Division:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Time of Affiliation:** from: \_\_\_\_\_ to: \_\_\_\_\_

I authorize the release of past radiation exposure information to Stanford University.

Signature: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_