PLEASE RETURN THIS FORM TO HEALTH PHYSICS, ESF, M/C 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 (dosimeters) were worn**. If you have never worn dosimeters write "none".**

INFORMATION: ______________________________

Name

____

Soc. Sec. No. **Date of Birth**

____

Department

FORMER AFFILIATIONS HAVING RECORDS OF RADIATION EXPURE

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.: ______________

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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.: ______________

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