

**UNIVERSITY OF NEVADA, RENO
EH&S DEPARTMENT
RADIATION SAFETY**

Previous Radiation Exposure History

Name _____ EMP ID _____ Birthdate _____

Department _____ Position _____

Have you previously had a personal dosimeter or been on a bioassay at the University of Nevada?

Yes _____ No _____ Specify type _____

Have you worked with radioactive material or with radiation producing equipment or in areas requiring the wearing of a radiation measuring device at locations other than at the University of Nevada?

Yes _____ No _____

If you checked YES above, list the organization(s) where radioactive work was done. Please print and provide **complete** mailing address including zip code. Do not abbreviate.

Organization	Mailing address/ ZIP code	Period of Employment	
		From	To

Have you had internal exposure to radioactive materials? Yes _____ No _____

Details _____

I certify that the above information is correct and complete to the best of my knowledge. I hereby authorize release by former employers of my occupational radiation exposure history to the University of Nevada.

Signature _____ Date _____

The above information is used to develop a database of your exposure history. The information is used for your protection, is confidential and is released to others under controlled circumstances. Personal information (name, age, social security number, etc.) will be used to develop an accurate and unique record identification.