



# Texas Tech University Health Sciences Center

## Application for Personal Dosimetry Service

Please type or print clearly

Full Name: \_\_\_\_\_  
Last First Middle (Maiden)

Employee R Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Department \_\_\_\_\_ Principle Investigator \_\_\_\_\_

Laboratory Location \_\_\_\_\_ Laboratory Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Have you previously worked at TTUHSC?  Yes  No If Yes, please complete the following:

Department \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
From To

Have you had previous training/experience in radiation safety (other than while employed at TTUHSC)?  
 Yes  No (If "Yes" attach copies of documentation/certification)

Have you ever been enrolled in a radiation dosimetry/monitoring program before?  Yes  No  
(If "Yes" complete the *Occupational Exposure History* information below)

OCCUPATIONAL EXPOSURE HISTORY				
List only those employers for whom you worked with radiation and were enrolled in a radiation dosimetry/monitoring program				
Employer	Address	From (Month, Year)	To (Month, Year)	Department

Texas Regulations for Control of Radiation may require under certain circumstances, that upon termination of employment or association with TTUHSC, a report of radiation exposure be furnished to any individual who may have received occupational exposure to radiation while employed by TTUHSC. Please provide a forwarding address to which this information may be sent upon termination of employment or association with TTUHSC.

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Texas Tech University Health Sciences Center is granted permission to obtain my previous radiation exposure history from any previous employers listed above. To the best of my knowledge, the above information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to:** TTUHSC Radiation Safety Services; 3601 4<sup>th</sup> Street, STOP 9020; Lubbock, TX 79430-9020

Texas State Government Privacy Policies (Government Code):

1) With few exceptions, you are entitled on request to be informed about the information the state governmental body collects about you; 2) Under Section 552.021 and 552.023, you are entitled to receive and review the information; and 3) Under Section 552.004, you are entitled to have the state governmental body correct information about you that is incorrect.