

Series: _____
Badge Type: _____
Monthly / Bimonthly

Departmental Use Only

Badge No. _____

The University of Texas
Southwestern Medical Center at Dallas

Radiation Badge Request Form

As required in the Texas Regulations for Control of Radiation, 25 TAC §289.202, the following information regarding your past radiation exposure for the current year is required for initiation of radiation badge service. Fill in **EVERY** blank, **SIGN**, and **RETURN** to Pam Vargas, UT Southwestern, Radiation Safety Dept., Campus Mail 9053, Phone 214-648-3204.

PERSONAL INFORMATION (Please print clearly.)

Last Name: _____ First Name: _____ Middle Init.: _____

Maiden Name (if applicable): _____ Sex: Female Male

Social Security No.: _____ Birth Date: _____ Mailcode: _____

Department: _____ Division: _____ Phone No.: _____

I authorize the release of my radiation exposure history:

Signature: _____ Date: _____

Home Address: _____

During the current year, have you been monitored for radiation exposure? Yes No
(If YES, please fill out the information below.)

CURRENT YEAR EMPLOYMENT(S) INVOLVING RADIATION EXPOSURE:

Name of Employer:			
Street Address:			P.O. Box:
City:	State:	Zip:	Country:
Department:		Dates of Employment:	

Name of Employer:			
Street Address:			P.O. Box:
City:	State:	Zip:	Country:
Department:		Dates of Employment:	

Note: If any of the previous employers were located in a foreign country, please list any identification numbers that may help us locate your exposure history records: _____