

Radiological Worker Registration

1. Registrant General Information

Last Name: _____ First Name: _____ Middle: ____ Suffix: ____

SS #: _____ Date of Birth: ____/____/____ Sex: ___ Male ___ Female

Department: _____ Contact extension: _____ Email Address: _____

Building & Room: _____ PI or supervisor: _____

2. Anticipated Source Material or Radiation Producing Machine

 Accelerator or X ray Laser Irradiator Radioactive Material

3. Previous Employment and Work Experience involving radiological materials or machines

Employer	Dates of employment		Dosimetry Used	
	From	To	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Radiation Monitoring History

- a. Has your occupational radiation exposure ever been monitored? Yes No
- b. Have calculations ever been performed to estimate your radiation dose? Yes No

If you answered yes to either question, please list below the name and address of the institution where you were monitored for radiation exposure or where such calculations were performed.

5. **Release statement:** under the provisions of title 105cmr, code of state regulations, part 120.214, I authorize the release of my radiation records to the Tufts University EHS Department.

6. Registrant signature: _____ Date: ____/____/____

Radiation Safety Use Only

Dosimetry type required: External Internal N/A

Account#: _____ Series Code: _____ Participant #: _____

Request for previous exposure history made? Yes No

If yes, date? ____/____/____

Radiation Safety Signature: _____