

# Dosimeter Request Form

Select one:      Add      Change      Delete

## Personal Information

Name:			
Date of Birth:		Sex:	Male      Female
UT Email Address:			
Student ID Number:			
Principal Investigator:		Email Address:	

## Status

Add Individual:	Yes	No	As of date:	
Reactivate individual:	Yes	No	As of date:	
Remove Individual:	Yes	No	As of date:	
Spare Needed:	Yes	No	As of date:	
Spare/Current/Previous Dosimeter #:				
Type of Dosimeter Needed: (select all that is needed)	Gamma	Neutron	Ring	
Ring Size	Small	Medium	Large	

## History

Have you ever been monitored for radiation exposures?	Yes	No	
If yes, please complete Radiation Exposure History Release Form RSF-056.			
Have you taken U.T. training courses for the use of radiation?	Yes	No	
If yes, please provide name of course and date taken:			
Date:	Course:		
Are you pregnant and in need of a fetal dosimetry badge? If yes, please contact the Radiation Safety Department directly at <a href="mailto:radiationsafety@utk.edu">radiationsafety@utk.edu</a> or (865) 974-5580.			

## Approvals

PI Signature:			
Cost Center Number:			
Departmental Approver Signature:			
Location Code:			