# In The Vicinity of Radiation

**NON-RADIATION USER** - Whole body badge request only

## REGISTRATION FORM

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Gender</th>
<th>SS#</th>
<th>DOB</th>
<th>Department</th>
<th>Work room #</th>
<th>Building</th>
<th>Phone#</th>
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<tr>
<th>Investigator/Supervisor</th>
<th>Your Job Title</th>
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### HIGHEST ACADEMIC DEGREE

- none___
- Associates___
- Bachelors___
- Masters___
- Ph.D.____
- M.D.____
- Other____________

### Student information:

- Work study_____
- Undergraduate student_____
- Graduate student_____

### Radiation that you may be in the vicinity of: (please check all that apply)

- P-32___
- Cr-51___
- Fe-59___
- I-125___
- Other_______ (badge and ring needed)
- H-3___
- C-14___
- P-33___
- S-35___
- Ca-45___
- Fe-55___
- Other_______ (no badge and ring)

### Other radiation that you may be in the vicinity of:

- Analytical X-ray___
- Medical X-ray___
- Veterinary X-ray___
- Cabinet X-ray___
- Irradiation X-ray___
- Iodinations ____
- Cesium Irradiator ____
- Electron Microscope___
- Other______________

### How do you feel about working with radiation?

- No concerns____

  or

- My concerns are: ____________________________________________

  ____________________________________________

  ____________________________________________

  ____________________________________________
Did you wear a whole body badge and/or ring at another institution?  Yes____  No____
If you did please fill out the attached Radiation Exposure History form.

I agree to follow all procedures in the RADIATION SAFETY HANDBOOK as well as all other applicable documents indicated by the Radiation Safety Office:

_________________________________  __________________________
Signature, Applicant                Date

_________________________________  __________________________
Signature, Investigator             Date

Investigator’s Name (Print)
___ No Whole Body Badge Needed

___ Whole Body Badge Needed:

Landauer Series # _______________________

___ Whole Body Badge

___ Ring (Finger)  R hand ___ L hand ___

Size: ___ Small    ___ Medium    ___ Large

___ Pelvic

___ Ankle

___ Neutron

Investigator approved by RSC?  ___ Yes    ___ No

___ Send for Whole Body Badge History

___ Add to PIF Data Base

___ Secondary User

___ Sealed Source/X-ray user only “9999”

___ Mail List “9998”

RK: ______  Met On  ________________

TK: ______  Met On  ________________

KB: ______  Met On  ________________

LI: ______  Memo to Investigator re this user  ________________
RADIATION EXPOSURE HISTORY REQUEST FORM

TO: Radiation Safety Office

__________________________________
__________________________________
__________________________________
__________________________________

In compliance with the Code of Federal Regulations, Title 10, Part 19, please mail or fax the exposure history of:

Name: ____________________________________

Social Security Number: _________________________________

Date of Birth: __________________________________________

Employed From: _______________ to ___________

to the following:

Keddy Bharathan, Associate Director
Radiation Safety Office
University of Vermont
106 Carrigan Drive
Room 004 Rowell Building
Burlington, VT 05405

I hereby authorize the release of my radiation exposure history to the University of Vermont Radiation Safety Office:

__________________________________  ________________________
Signed                                      Date