

UT Health San Antonio  
Environmental Health & Safety Department  
Radiation Safety Division

**DOSIMETRY SERVICE ASSESSMENT AND EXPOSURE HISTORY FORM**

**Section 1: Participant Data**

As required in the *Texas Administrative Code*, Chapter 25, §289.202, the following information regarding your radiation exposure history this calendar year is necessary for assessment of dosimetry service. Please complete the following items, then sign and return this form to: *Radiation Safety Division, EH&S*

**Full Name:** \_\_\_\_\_  
Last First Middle

**Employee Identification Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** Female Male  
**Over the age of 18?** Yes/No **Office phone number:** \_\_\_\_\_ **Location:** \_\_\_\_\_

List any other name(s) under which you have been monitored: \_\_\_\_\_

**Section 2: Circle the appropriate response:**

UTHSCSA DOSIMETRY POLICY

- |   |     |    |   |
|---|-----|----|---|
| (a) I will work with $^3\text{H}$ , $^{14}\text{C}$ , $^{35}\text{S}$ , $^{33}\text{P}$ , $^{125}\text{I}$ only:    | Yes | No | If yes, no dosimeter required           |
| (b) I will work with $^{32}\text{P}$ or $^{36}\text{Cl}$ >1 mCi per protocol:                                       | Yes | No | If yes, no dosimeter required           |
| (c) I will work with $^{32}\text{P}$ or $^{36}\text{Cl}$ >10 mCi per protocol:                                      | Yes | No | If yes, dosimeter required              |
| (d) I will work with $^{86}\text{Rb}$ , $^{22}\text{Na}$ , $^{51}\text{Cr}$ , $^{131}\text{I}$ >1 mCi per protocol: | Yes | No | If yes, dosimeter required              |
| (e) I will work with fluoroscopy/radiographic equipment:  | Yes | No | If yes, dosimeter required              |
| (f) I will work with PET or nuclear medicine isotopes:  | Yes | No | If yes, dosimeter required              |
| (g) I will work for Environmental Health & Safety:  | Yes | No | If yes, dosimeter required              |
| (h) I am a voluntarily declared pregnant worker:  | Yes | No | If yes, contact Radiation Safety Office |
| (i) I will work with Dental x-ray equipment:  | Yes | No | If yes, no dosimeter required           |
| (j) I will work with Brachytherapy or LINAC Procedures:   | Yes | No | If yes, dosimeter required              |

Classification: Faculty Laboratory Staff Student Resident Other-Specify \_\_\_\_\_

With which Authorized User, Principal Investigator, or Department will you be working? \_\_\_\_\_

**Section 3: Previous employment(s) involving radiation exposure this calendar year**

Have you been occupationally exposed to radiation sources this calendar year at another institution? Yes No  
Does any concurrent employment to UT Health require exposure to radiation sources this calendar year? Yes No

Facility Name: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Department: \_\_\_\_\_ Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_ through \_\_\_\_\_ Dates: \_\_\_\_\_ through \_\_\_\_\_

**Section 4: Signature**

I authorize the release of my radiation exposure history to UT Health San Antonio and will notify Environmental Health & Safety in the event of changes to the above information.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Permanent Address: \_\_\_\_\_

*Return the completed form to: Radiation Safety Division, Environmental Health & Safety, Room 1.343T Dental School; Fax: 210-567-2965*

For EHS Use Only:

Account: \_\_\_\_\_ Series: \_\_\_\_\_ Frequency: \_\_\_\_\_ Spare Issued: Yes/No Spare#: \_\_\_\_\_

\_\_\_\_\_