

Memo

TO: Office of Radiation Safety

RE: Request for dosimetry record

I am an employee of Ann & Robert H. Lurie Children's Hospital of Chicago participating in the occupational radiation dose monitoring program. This letter is to request and authorize the Office of Radiation Safety to release to me my occupational radiation exposure records for the time period indicated below.

Full Name: _____

Department _____

Position _____

Time Period Start Date _____

Time Period End Date _____

Signature _____

Date _____

Please forward to Christina Sammet, Radiation Safety Officer, Box 9. Phone: 312.227.3393.
Email: csammet@luriechildrens.org

ACKNOWLEDGEMENT OF RECEIPT

By signing this statement, the Office of Radiation Safety acknowledges receipt of the above individual's request for release of dosimetry history.

RSO's Signature

RSO's Name Printed

Date