



**Radiation Personnel Registration & Film Badge Application**

EMPLOYEE NAME:

DATE OF BIRTH:

SEX: M          F

SOCIAL SECURITY NUMBER:

JOB TITLE:

IMMEDIATE SUPERVISOR:

DEPARTMENT:

LOCATION:

ARE YOU CURRENTLY PREGNANT?   Y          N

PREVIOUS EXPOSURE HISTORY

INSTITUTION	ADDRESS	DATES(FROM/TO)	TYPE OF EXPOSURE	DOSE(mRem)

HAVE YOU HAD FORMAL RADIATION SAFETY TRAINING?   Y          N

**EMPLOYEE SIGNATURE:**

**DATE:**