

UNIVERSITY of PENNSYLVANIA

Office of Environmental Health and Radiation Safety

DOSIMETER / BADGE REQUEST FORM

To receive a badge, you must complete all sections except Penn ID#.

Please contact our office if you need assistance.

PLEASE PRINT --- PLEASE PRINT --- PLEASE PRINT

Last Name: _____ First Name: _____

Email Address: _____ Work Phone #: _____

Birth Date (MM/DD/YYYY): _____ Penn ID #: _____

Your Position (Physician, Nurse, Post-doc, technician, etc.): _____

Name of Licensee or Supervising Physician: _____

Department: _____

Have you been previously monitored while employed elsewhere? YES NO

If YES, please list your previous work record below (use the reverse side of this form if necessary).

Company, Department, Phone #	Address	Employment Dates

Please choose one of the following two options:

I **authorize** the Office of Environmental Health & Radiation Safety permission to obtain copies of my previous radiation exposure histories.

I **do not authorize** the Office of Environmental Health & Radiation Safety permission to obtain copies of my previous radiation exposure histories.

What is your badge group code? _____

(Check with your Badge Coordinator or co-workers for the code. Otherwise, call Jennifer Gifford at 215-898-2107)

Please issue me the following: Body badge Ring badge (Size: Small Medium Large)

Signature: _____ Date: _____