

# PERSONNEL MONITORING DEVICE APPLICATION

University of Florida  
Division of Environmental Health & Safety  
Department of Radiation Control & Radiological Services  
PO Box 118340, 212 Nuclear Sciences Center, Gainesville, FL 32611  
Telephone: (352) 392-7359 or Fax: (352) 846-0489

THIS REQUEST IS TO:

- Reactivate an old badge  
 Apply for a new badge

- Whole body, collar  
 Whole body, waist  
 Extremity, rt hand  
 Extremity, lt hand  
 Extremity, rt wrist  
 Extremity, lt wrist

A request for a fetal monitor must be accompanied by a declaration of pregnancy form, provided to the employee's supervisor declaring pregnancy and the approximate date of conception.

PRINT NAME: \_\_\_\_\_  
(LAST, FIRST, MIDDLE INITIAL)

UFID: \_\_\_\_\_ - \_\_\_\_\_

FOR THOSE INDIVIDUALS WORKING AT A SHANDS HEALTH CARE FACILITY, THIS IS AN 8 DIGIT NUMBER THAT CAN BE FOUND ON THE BACK OF YOUR ID BADGE

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo day yr

SEX  MALE  FEMALE

PRINCIPAL INVESTIGATOR/SUPERVISOR: \_\_\_\_\_

FILM BADGE COORDINATOR: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

FACILITY: \_\_\_\_\_ BLDG \_\_\_\_\_ ROOM \_\_\_\_\_

MAILING ADDRESS: BOX \_\_\_\_\_ PHONE \_\_\_\_\_

DO YOU WORK WITH:  Radiation producing device (x-ray machine, accelerator, irradiator)  
 Radioactive material; list radionuclide(s) \_\_\_\_\_

**If you work directly with radioactive material or radiation producing devices, a completed *Statement of Training and Experience* form must be attached for approval.**

If you do not work with radioactive material or a radiation producing device, list the reason for this badge request: \_\_\_\_\_

(Based on this reason, the badge may/may not be issued at the discretion of the Radiation Control Officer.)

## COMPLETE REVERSE SIDE OF FORM

OFFICE USE ONLY	
RCO Approval	Part ID#
Binary #	Series Code
	Date Issued

## OCCUPATIONAL RADIATION EXPOSURE HISTORY IDENTIFICATION

Have you **EVER** received a personal monitoring device or participated in a bioassay program somewhere other than UF/Shands Health Care Systems and Clinics:

YES

NO

IF YES, COMPLETE THE FOLLOWING:

OCCUPATIONAL EXPOSURE – PREVIOUS HISTORY			
Previous employment involving occupational exposure List name and address of employer	Date of Employment (From – To)	Period of Exposure (From – To)	Estimated Radiation Exposure (mrem)

Certification: I certify that the exposure history information listed above is correct and complete to the best of my knowledge. I authorize the release of my radiation exposure records to the University of Florida.

Employee Signature: \_\_\_\_\_ Name (Print) \_\_\_\_\_

UFID: \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_