

# GENERAL STUDENT DOSIMETRY REQUEST

**ICN monitoring devices are property of Old Dominion University. Charges will apply as follows for lost or stolen monitoring devices not turned in within one month following the end of the monitoring period.**

<b>Ring Monitors</b>	<b>\$8.00</b>
<b>Monthly Film Holders</b>	<b>\$5.00</b>

**Student:** Please fill out this form completely. You will receive your radiation monitoring device(s) when this completed request form is processed.

**Please return completed forms to Patricia Garcia, Environmental Health & Safety, by \_\_\_\_\_.**

Once your request has been received, your personal radiation device will be ordered. Upon issuance of the dosimeter to you, you will receive instructions as to the proper care and usage of the device. Questions regarding your exposure history, and requests for exposure records should be forwarded to Old Dominion University's Environmental Health and Safety Office, 1070 West 47<sup>th</sup> Street, Norfolk, VA. 23508, telephone (757) 683-4495.

1. Name (Please print): \_\_\_\_\_  
Last First Middle

Former Name(s): \_\_\_\_\_  
Last First Middle

2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been monitored for exposure to ionizing radiation by a school or at a job setting other than here at Old Dominion University? Yes \_\_\_\_\_ No \_\_\_\_\_

5. If the answer to 4 above was "yes", please give the name, address and telephone of the previous school or employer, and the dates of attendance or employment:

Name of school/employer: \_\_\_\_\_

School/employer address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School/employer telephone: \_\_\_\_\_

Dates of employment/school From: \_\_\_\_\_ To: \_\_\_\_\_

**By signing this document I agree that I have read and will maintain compliance with terms and policies stated herein. In addition I hereby authorize my former employer to release my past exposure history to Old Dominion University.**

Signature: \_\_\_\_\_

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