

# OLD DOMINION UNIVERSITY DOSIMETRY REQUEST

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

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 Environmental Health & Safety, Spong Hall, Suite 2501**

Questions regarding your exposure history, and requests for exposure records should be forwarded to Old Dominion University's Environmental Health and Safety Office, Spong Hall Suite 2501, Norfolk, VA, 23529. Telephone (757) 683-4495.

1. Name (Please print): \_\_\_\_\_

Last

First

Middle

2. Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F

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

4. Phone Number: \_\_\_\_\_

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

6. If the answer to 5 above is "yes", please provide 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: \_\_\_\_\_

7. Type of Dosimetry Requested: Whole Body Extremity Right Extremity Location Fetal  
Left \_\_\_\_\_

**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: \_\_\_\_\_