Appendix 22

OHIO UNIVERSITY

Environmental Health and Safety

RADIATION EXPOSURE HISTORY FORM

Name:_____
Last Name First Name Middle Initial

Organization in which possible radiation exposure occurred:

Company Name:_____

Street Address:_____

City/State/Zip:_____

In order for Ohio University to complete your internal and external exposure records, it will be necessary to request the exposure information from the organization listed above.

The Ohio Administrative Code, 3701:1-38-10, Notices, Instructions, and Reports to Workers, Paragraph C, Notifications and Reports to Individuals states: Each licensee or registrant shall furnish a report of the worker's exposure to sources of radiation at the request of a worker formerly engaged in activities controlled by the licensee or registrant.

Please provide the information requested below. The statement and information will be sent to your former employer for the purpose of obtaining your radiation exposure history.

You are hereby authorized to furnish to Ohio University all information developed, while I was connected with your organization concerning my radiation exposure history. This includes all previous radiation records, external and internal, that you may have.

Social Security Number:_____

Signature:_____ Date_____

Return to: Alan Watts, Radiation Safety Officer
Ohio University
Environmental Health and Safety
201 Hudson Health Center
Athens, OH 45701