

### Radiation Worker Registration Form

Type of Registration:  New Registration  Reinstatement  Transfer from Other Lab/Department

Name: (print) \_\_\_\_\_  
(Last Name or Family Name) (First Name) (M.I.)

Last 5 Digits of Soc. Sec #: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Division/Department: \_\_\_\_\_ Campus: \_\_\_\_\_ Bldg.: \_\_\_\_\_ Room #: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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Home Address (for exposure report distribution only)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

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PLEASE ANSWER ALL QUESTIONS OR STATEMENTS BY CHECKING ALL THAT APPLY

1. Have you **previously** used radiation dosimeters at any location?  Yes or  No  
*If YES, record name, address and contact person of the **last location** where dosimetry was **previously** used.*  
Company/Institution Name: \_\_\_\_\_  
Department & Supervisor: \_\_\_\_\_  
Street Address/P.O. Box: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_
2. Do you **currently** use radiation dosimeters at any of the following locations:  Yes or  No  
(other than the location for which you are applying)  
 UMB  UMBI  COMB  UMBC  UMMS  VA  Other  
*If YES to any, record name, address and contact person where radiation dosimetry is **currently** being used.*  
Company/Institution Name: \_\_\_\_\_  
Department & Supervisor: \_\_\_\_\_  
Street Address/P.O. Box: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_
3. If you answered 'YES' to No. 2, will dosimetry be continued after beginning work at UMB?  Yes or  No
4. Do you work with any of the following:  H-3 and/or C-14  
 I-125 ( $\geq 1\text{mCi}$ )  Rb-86 ( $\geq 1\text{mCi}$ )  X-ray equipment  Fluoroscopy  Irradiator  
 P-32  Cr-51  I-125  Rb-86  Other
5. Ring Profile: (**Rings are optional**)  
Dominant hand:  Right  Left  N/A  
Ring size:  Small  Medium  Large

**Radiation Safety**  
714 West Lombard Street  
Baltimore, MD 21201

**University of Maryland Baltimore**  
(410) 706-7055 Voice  
(410) 706-8212 Fax

6. The UMB dosimetry policy specifies that radiation workers must be issued dosimeters if they are expected to receive 100 millirem in a year. The Radiation Safety Office will review your expected exposure and determine if you will be required to wear a dosimeter based on policy guidelines. Radiation workers may voluntarily wear dosimeters for their own information but will be required to abide by all dosimetry policies should they choose to do so.  
Do you wish to receive a dosimeter even if Radiation Safety may not require you to do so?     Yes or  No

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This is to certify that to the best of my knowledge, the information contained herein is complete and accurate, and to authorize the release of my radiation exposure and bioassay history, and other pertinent information to the University of Maryland Baltimore. I have read and understand the dosimetry information handout attached to this form and will abide by the UMB dosimetry policies should I participate in the program.

|  |                             |
|--|-----------------------------|
| _____  | _____                       |
| Worker's Signature                             | Date                        |
| _____  | _____                       |
| Authorized User /Dosimetry Coordinator (Print) | Authorization/Series Number |

**For Radiation Safety Use Only**

|   |   |   |
|---|---|---|
| Account: _____                                      | Participant#: _____                           | Badge # / Spare #: _____ /                |
| Location: _____                                     | Start Date: _____                             | Badge # / Spare #: _____ /                |
| <input type="checkbox"/> GDS database updated       | <input type="checkbox"/> UMB database updated | <input type="checkbox"/> Training Checked |
| <input type="checkbox"/> Exposure history requested |   |   |