

Sample for use when previous exposure history cannot be found

Date: _____

To: _____

Re: Radiation Exposure History for _____

Please accept the following as an estimate of the occupational dose I received as an employee of _____

During the time period _____ to _____

Cumulative Dose: _____ mrem

Type: gamma and x-ray

Current Year of _____:

Dose: _____ mrem

Type: gamma and x-ray

Authorization

I hereby authorize you to add the above estimated exposure history to my cumulative exposure history.

Signature: _____ Date: _____