



# Sample for use in obtaining previous dose

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

To: \_\_\_\_\_

ATTN: Radiation Safety Officer

Re: Radiation Dose History for: \_\_\_\_\_

Request for radiation dose history

I am requesting with authorization the cumulative occupational radiation dose recorded at your institution for the following individual for the period shown.

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Period: \_\_\_\_\_ to \_\_\_\_\_

Cumulative Radiation Dose at end of employment:

Badge type: \_\_\_\_\_ Dates: \_\_\_\_\_ \_\_\_\_\_ mrem

Badge type: \_\_\_\_\_ Dates: \_\_\_\_\_ \_\_\_\_\_ mrem

Badge type: \_\_\_\_\_ Dates: \_\_\_\_\_ \_\_\_\_\_ mrem

Thank you for your cooperation.

Sincerely,

Radiation Safety Officer

**Authorization**

You are hereby authorized to release all information concerning my radiation exposure which you may possess.

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