

Date Issd: _____
Sp. Badge # _____

THE JACKSON LABORATORY

REGISTRATION AND RADIATION BADGE REQUEST FORM

1. Full Name: _____
(last) (first) (middle) (maiden)

Date of Birth: _____ Social Security No. _____
(month/day/year)

Sex: **MALE** **FEMALE** (circle one) Date of Request: _____

2. ISOTOPES AND AMOUNTS: Please list the different isotopes that you will be working with, with respective amounts in millicuries, in any one month.

3. Supervisor/Licensee with whom you will work: _____

Building/Room Number: _____ Ext.: _____

4. PREVIOUS EMPLOYMENT AT THE JACKSON LABORATORY: **Yes** **No** (Circle One)

a. Department: _____

b. Dates of Employment: From _____ To _____

c. Type of radiation monitor worn (if any) _____

5. PREVIOUS EXPOSURE HISTORY OTHER THAN AT THE JACKSON LABORATORY:

a. Have you been enrolled in a film badge program before? **Yes** **No**

b. Have calculations and/or analysis been made of external radiation received, and/or radioisotopes deposited in your body? **Yes** **No**

c. If the answer to either question above is "YES", please list the name of the institution involved and the dates during which you were involved in the badge program there in the space below:

Institution where exposure received	Dates (From - To)
-------------------------------------	-------------------

1. _____

2. _____

3. _____

6. RELEASE STATEMENT:

Under the provisions of Title 10, Code of Federal Regulations, Part 20.404, I authorize the release of my radiation records to the Jackson Laboratory, Radiation Safety Office.

Signature: _____

