

ADD ☐

DELETE ☐

TRANSFER ☐

DATE

USER			
Last Name	First Name	MI	Phone Number
Employee <input type="checkbox"/> Student <input type="checkbox"/> ID#	Email	Birth Date	Gender M <input type="checkbox"/> F <input type="checkbox"/>

Left-Handed ☐ Right-Handed ☐

- IMPORTANT:** Please attach a copy of your Radiation Safety Training certificate.

PERMIT HOLDER			
Last Name	First Name	MI	Permit Number
Department	Work Location	Room #	Phone Number

QUESTIONNAIRE			
Were you ever occupationally exposed to ionizing radiation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
• This Calendar Quarter?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
• Were you monitored with a dosimeter?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
List previous work location/phone/email			
Declaration of Pregnancy YES <input type="checkbox"/> NO <input type="checkbox"/>	Declaration Date	Due Date	

NOTE: If you become pregnant, please contact radsafety@usc.edu or (323) 442-5428 to receive a fetal monitoring badge.

I certify that the above information is correct and complete. I authorize and request that my radiation exposure records be released to the Radiation Safety Office, University of Southern California, Health Sciences Campus.

Employee Signature

Date

Permit Holder or Supervisor Signature

Date

EH&S Office Use Only			
Date Entered	Issued By	Participant Number	
Training Date	Account Number	Sub Account or Series	
Chest <input type="checkbox"/>	Extremity <input type="checkbox"/>	Left <input type="checkbox"/> Right <input type="checkbox"/>	Other <input type="checkbox"/>