

## New Badged Radiation Worker Enrollment Form

### A. RADIATION WORKER INFORMATION

Name		Date of Birth	
Department		SBU ID#	
		Job Function (Physician, Nurse, Research, etc.)	
Series Number		Account Number (For Billing)	
Senior Investigator or Supervisor			

### B. RADIATION EXPOSURE INFORMATION

Has the applicant previously been monitored for radiation exposure at another institution?	YES NO	<b>*** If yes, please fill out the <i>Radiation Exposure History Form</i> and return with this application ***</b>
What are the sources of radiation that the applicant will be exposed to? (Check all that apply)	<p>X-Rays (Type and location) _____</p> <p>Radioisotopes, which and in what quantity: _____</p> <p>Sealed Sources, which and in what quantity: _____</p> <p>Other Ionizing Radiation Sources: _____</p> <p><i>Please note: If using x-ray generating equipment in the University Hospital, you are required to wear the appropriate lead protective garments. If you purchased your own personal lead protective garment for use at the University, the garment must be registered and inspected by Radiation Protection Services. Please contact us at <a href="mailto:ehsafety@stonybrook.edu">ehsafety@stonybrook.edu</a> or 2-6410 / 4-3196 to schedule an inspection.</i></p> <p><b>Have you been issued or purchased lead protective garments?</b></p> <p style="text-align: center;">YES NO</p>	

### C. RSO Review & Badge Assignment [DO NOT USE]

<b>Badges Assigned</b>	Whole Body	<b>Frequency</b>	Monthly	<b>RSO Signature &amp; Date</b>
	Collar		Quarterly	
	Ring			

### Return completed form to:

[michelle.kehoe@stonybrookmedicine.edu](mailto:michelle.kehoe@stonybrookmedicine.edu)

or Mail to X6200 EHS Suffolk Hall