Directions

Complete this form by entering the information requested electronically and send to:

|  |  |
| --- | --- |
| Noelle Geier if you work at the following locations:  F&MCW-CMH (Community Memorial Hospital)  F&MCW-SJH (St. Joseph’s Hospital)  F&MCWCP (Community Physician Clinics)  Froedtert ASC’s-MF-ASC, Lake Country ASC, West BEND ASC, Drexel ASC  McKinley Buck Center  Noelle.Geier@froedtert.com  Radiation Safety Officer  **Froedtert & The Medical College of Wisconsin- Community Hospital Division and**  **Froedtert & The Medical College of Wisconsin Community Physicians Clinics**  **Interoffice to: CMH/ Noelle Geier/Radiation Safety**  **262-257-3366** | Robert Yoss if you work at the following locations:  FMLH  CFAC  FSC  Tosa Center  CDI  \_RadSafe-Dosimetry@mcw.edu  Radiation Safety Coordinator  FMLH/MCW  Interoffice to: Froedtert Hospital/ Robert Yoss/ Radiation Safety  414-805-6540 |

Radiation Dosimeter Application

|  |  |  |
| --- | --- | --- |
| Applicant Information | | |
| Name (last, first, MI): | | |
| Date: | | |
| Email (work): | | Phone (work): |
| SSN (1st 5 digits):  Note: If you do not wish to use a SSN, please contact your RSO | | Date of Birth: |
| Sex: |
| Employment | | |
| Employer: Choose an item. | Other: | |
| Employment Type: Choose an item. | If Temporary, how long? | |
| Type: Choose an item. | Other: | |
| Position: Choose an item. | Other: | |
| Location (Where exposure is received) | | |
| Building: Choose an item. | | Department: Choose an item. |
| If Other, Please Specify: | | If Other, Please Specify: |
| Additional Locations: | | |
| Building: Choose an item. | | Department: Choose an item. |
| Building: Choose an item. | | Department: Choose an item. |
| Building: Choose an item. | | Department: Choose an item. |
| Occupational Radiation Exposure History | | |
| If you are currently assigned a dosimeter (i.e. OSL, TLD, film badge) at another facility or have been in the last calendar year, please provide the information below:   |  |  |  |  | | --- | --- | --- | --- | | Dates you were monitored: | | Facility | Address | | Start | End | | Month/Year | Month/Year | Facility: | Address: | | Department: | Position: | | Month/Year | Month/Year | Facility: | Address: | | Department: | Position: |   I,      , give permission to Radiation Safety to collect my radiation safety exposure history on my behalf. | | |
| Certification | | |
| Individuals working with radiation have certain rights and responsibilities described in state and federal regulations. These regulations are available at the Office of Radiation Safety FMLH Pavilion, Room L760B, MCW MEB 0760, or CMH Room S3016 H&V Tower. You should familiarize yourself with the provisions that apply to your involvement with radiation. If you have questions or concerns, contact the Office of Radiation Safety at 805-6540 (FMLH), 955-4347 (MCW), or 262-257-3366 (CHD & CP Clinics).  I have read and understand the Certification statement. | | |
| If you are pregnant or planning to become pregnant, it is important to speak with your RSO regarding fetal monitoring. Please check box if you would like to receive more information and/or a declaration of pregnancy form. All monitoring is done in strict confidentiality. | | |
| Please do not write in this space   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Acct | Series | Type | Badge no. | From | Thru | Comments | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | | |