

**Previous Exposure History Request**

In order to comply with the State of California requirements, we are requesting a report of the radiation exposure history for the following individual. Please include all available results of bioassays, whole body counts or calculated exposures, where applicable, in the report.

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Department \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Signature \_\_\_\_\_

Yours Truly, Participant # \_\_\_\_\_

Dosimetry Coordinator  
Office of Environmental Health and Safety  
University of California, San Francisco  
50 Medical Center Way  
San Francisco, CA 94143-0942

Type in Previous Employer's Complete Address in the "TO:" section below

TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UCSF RADIATION DOSIMETRY PROGRAM**

**PARTICIPANT CARD**

Participant Name (Last, First, M)			Date of Birth (MM/DD/YY)	
Sex	Social Security Number (Passport Number)	Job Title		
Phone	Fax	Pager		
Email			Mail Stop (Box)	
Radionuclides Used	X-Ray Producing Equipment Used	Previous Dosimetry <input type="checkbox"/> No <input type="checkbox"/> Yes	Previous UCSF Dosimetry <input type="checkbox"/> No <input type="checkbox"/> Yes Series: _____	
Department		PI Name/Manager		
RUA Number	Location	Lab Location		

77000  76999

Participant's Signature (Required)			Part #	Wear Date
19 TLD	01 WB	01 WB CL	01 WB TR	01 WB FS

Return completed form to OEH&S Dosimetry Coordinator @ address below

**Dosimetry Coordinator  
Office of Environmental Health and Safety  
University of California, San Francisco  
50 Medical Center Way  
San Francisco, CA 94143-0942**