



Appendix B Forms

CENTRAL MICHIGAN UNIVERSITY Radiation Safety Dosimeter Request

1. Full Name _____
2. Date _____
3. CMU Student/Employee ID Number _____
3. Male ____ Female ____
4. Date of Birth _____
5. Are you a CMU Student? ____ Are you a CMU Employee? ____ If the answers to both of these are no, what is your relation with the department with which this request is associated?

Who is the Principle Investigator? _____
6. Is the dosimeter needed for use in conjunction with a course you are taking (Yes or No)? _____
If so, what course? _____
7. Have you ever previously taken a course that required your presence in the vicinity of X-ray beams, radioactivity, or radiation sources (Yes or No)? _____
8. Have you ever been exposed to X-rays, radioactivity, or other radiation, or in the close vicinity of the same (Yes or No)? _____
9. Have you ever completed a course in Radiation Safety or had instruction in Radiation Safety (Yes or No)? _____
10. Have you ever been exposed to radiation in any situation other than as a patient undergoing dental, medical, or chiropractic examination or medical treatment (Yes or No)? _____
11. Have you ever been exposed to high levels of radiation in a medical treatment (Yes or No)? _____
12. Have you ever worn a dosimeter, film badge, pocket dosimeter, or similar device (Yes or No)? _____
If yes, where? _____
13. If you answered "yes" to questions 7, 8, 9, 10, 11 or 12, explain. If possible, indicate time and place.

14. What source of radiation will you be working with? Be specific.

Return completed form to: Jennifer Walton, Radiation Safety Officer, Foust Hall 104, 774-4189