

**VIRGINIA DEPARTMENT OF HEALTH
RADIOLOGICAL HEALTH**
P.O. Box 2448
Richmond, VA 23218
(804) 786-5932

PREVIOUS OCCUPATIONAL EXTERNAL RADIATION EXPOSURE

IDENTIFICATION

1. Name (print – last, first, middle) and Address			2. Social Security Number	
			3. Date of Birth (month, day, year)	
			4. Age in Full Years (N)	
OCCUPATIONAL EXPOSURE – PREVIOUS HISTORY				
5. Previous Employments Involving Radiation Exposure (list name and address of employer)	6. Dates of Employment (from – to)	7. Periods of Exposure	Previous Dose History	
			8. Whole Body Exposure (rem)	9. Record or Calculated (insert one)
10. Accumulated Occupational Dose – Total				
11. Remarks (use additional sheets if necessary)				
12. Calculations – Permissible Dose Whole body: a. Permissible accumulated dose Equals 5(n-18) equals _____ rem b. Total exposure to date (from Item 10) equals _____ rem c. Unused part of permissible Accumulated dose _____ rem			13. Certification: I certify that the exposure history listed in Column 5,6, and 7 is correct and complete to the best of my knowledge and belief. _____ Employee's Signature Date	
			14. Name and address of employer	