**OCCUPATIONAL RADIATION EXPOSURE HISTORY RELEASE**

The University of New Mexico must determine your prior occupational dose in accordance with Title 20, Chapter 3, Part 4, Paragraph 409 of the New Mexico Administrative Code.

Complete all sections of this document, sign and date at the bottom, and return via email to [RadBadge@salud.unm.edu](mailto:RadBadge@salud.unm.edu) or to the UNM Radiation Safety office located in the Clinical & Translational Science Center (CTSC), room B50K.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name |  | | Last name |  |
| Last 4 SSN | XXX-XX- |  | Date of birth |  |
| Other name(s) |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Most recent* |  |  | | | |
| FULL NAME OF INSTITUTION | MAILING ADDRESS | DATES OF EMPLOYMENT | | | |
| FROM | | TO | |
|  |  |  | |  | |
| EMPLOYEE ID (optional) |  |  | STILL EMPLOYED | | |
| CONTACT NAME / PHONE # |  | / |  | | |
|  |  |  | |  | |
| FULL NAME OF INSTITUTION | MAILING ADDRESS | DATES OF EMPLOYMENT | | | |
| FROM | | TO | |
|  |  |  | |  | |
| EMPLOYEE ID (optional) |  |  | STILL EMPLOYED | | |
| CONTACT NAME / PHONE # |  | / |  | | |
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| FULL NAME OF INSTITUTION | MAILING ADDRESS | DATES OF EMPLOYMENT | | | |
| FROM | | TO | |
|  |  |  | |  | |
| EMPLOYEE ID (optional) |  |  | STILL EMPLOYED | | |
| CONTACT NAME / PHONE # |  | / |  | | |

My signature certifies I was previously monitored for occupational exposure to ionizing radiation during employment with the above institution(s) for the period of time indicated. I authorize the release of my radiation exposure history data to UNM for the purposes determining my prior occupational dose.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |