Office Use Only

Wear Date _____

Spare Badge # _____

Binary # _____

PARTICIPANT NUMBER

APPENDIX C

UNIVERSITY OF KENTUCKY
RADIATION WORKER REGISTRATION FORM

LAST NAME **FIRST NAME** **MI** **SEX** **BIRTH DATE**

UK ID **LINK BLUE** **DEPARTMENT** **ROOM #** **BUILDING**

WORK PHONE **START DATE** **PREVIOUS AUTHORIZED USER (S) AT UK**

RADIATION SOURCES

TYPE OF TRAINING	WHERE TRAINED Date	DURATION OF TRAINING	ON THE JOB (circle one)	FORMAL COURSE (circle one)
Principles and practices of radiation protection			☐ YES ☐ NO	☐ YES ☐ NO
Radioactivity measurement standardization and monitoring techniques and instruments			☐ YES ☐ NO	☐ YES ☐ NO
Mathematics and calculations basic to the use and measurement of radioactivity			☐ YES ☐ NO	☐ YES ☐ NO
Biological effects of radiation			☐ YES ☐ NO	☐ YES ☐ NO

PREVIOUS EXPERIENCE WITH RADIATION

RADIOACTIVE MATERIALS	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DATES OF USE	TYPE OF USE

☐ I HAVE HAD ***NO*** PREVIOUS OCCUPATIONAL EXPOSURE

☐ I HAVE HAD PREVIOUS OCCUPATIONAL EXPOSURE (COMPLETE EXPOSURE HISTORY BELOW)

NAME & ADDRESS OF EMPLOYER(S	DATES EMPLOYED

To (last employer): _____ You are hereby authorized to furnish the University of Kentucky all available information concerning my radiation exposure history. I was associated with your organization from: _____ to _____

Radiation Worker Signature _____ Date _____

PI / AUTHORIZED USER (PRINT) **PI / AUTHORIZED USER (SIGNATURE)** **DATE**