



Fermilab
ES&H Section

Permanent Dosimetry Badge Service Request

Name: _____ Date: _____
 Last First MI

Fermilab ID: _____ Employee Visitor Contractor Sex: M F

Birthdate: _____ E-Mail: _____
 M/D/Y

Mail Station: _____ Extension: _____

Permanent Mailing Address: _____
 Number Street

 City State/Country Zip Code

Division/Section/Center or Experiment #: _____ Department: _____

Supervisor/Lab Contact: _____

Have you ever used a dosimeter at Fermilab? YES NO

If yes, approximate dates? _____

Estimate of occupational radiation dose for current calendar year: _____ mrem

Have you ever been monitored for radiation exposure at another facility? YES NO

If yes, please complete table below.

PREVIOUS EMPLOYER	EMPLOYER'S ADDRESS	DATES OF EMPLOYMENT

Requester's Signature

Date

