



Fermilab

Fermi National Accelerator Laboratory
Dosimetry Program Office
MS 119
P.O. Box 500
Batavia, Illinois 60510-0500
Telephone: (630) 840-8386
FAX: (630) 840-3390
e-mail: dosimetry@fnal.gov

Date:

TO:

Under the provisions of the U.S. Department of Energy regulations entitled *Occupational Radiation Protection*, 10CFR835, we request the external and internal occupational exposure data obtained for the individual named below for the time he/she was associated with your facility. The form on the back of this memo is provided for your convenience. If you have questions or require additional information, please contact me at the address above.

Sincerely,

Susan McGimpsey
Dosimetry Program Manager

cc: Individual Exposure History file

RELEASE OF INFORMATION

Authorization is hereby given to release my previous occupational radiation exposure records to the Fermi National Accelerator Laboratory Dosimetry Program Office.

Name: (please print) _____

Signature: _____

Social Security Number: _____ - _____ - _____

Period with your facility: _____ to _____

Occupational Exposure History

Name: _____

Facility: _____

Period of exposure: _____ to _____

	Current CY		Previous
<u>External Exposure</u>			
Deep Dose Equivalent (DDE):	_____	mrem	_____ mrem
Shallow Dose Equivalent to Whole Body (SDE)	_____	mrem	_____ mrem
Shallow Dose Equivalent to Extremities:	_____	mrem	_____ mrem
Lens of Eye Dose Equivalent (LDE):	_____	mrem	_____ mrem
<u>Internal Exposure</u>			
Committed Effective Dose Equivalent (CEDE):	_____	mrem	_____ mrem
Please include date of intake and radionuclides in Comments section.			
<u>Total Effective Dose Equivalent (TEDE):</u>	_____	mrem	_____ mrem

Comments: _____

Facility Representative:

_____	_____
Signature	Date
_____	_____
Name	Title