



MEDICAL PROCEDURES INVOLVING RADIOACTIVE MATERIAL

Medical and background exposures are not to be included with personnel occupational radiation exposure histories. For this reason, Fermilab asks that the Dosimetry Program Office be notified of any diagnostic or therapeutic medical procedures involving radioactive material that you may undergo. This information will help to determine when you may resume radiological work. This information will also be necessary in the event that an exposure investigation needs to be completed.

Questions regarding the actual dose that you may receive from this procedure should be directed to your physician.

Personal Information:

Date: _____

Name: _____

ID #: _____

Div/Section: _____

Lab Extension: _____

Work Location(s): _____

Medical Procedure Information:

Type of Procedure: _____

Have you already undergone treatment? Yes No

If not, what is your scheduled date for treatment? _____

Have you been issued a dosimetry badge for the current quarter? Yes No

Have you worn your dosimetry badge since your treatment? Yes No

Radioisotope used for Procedure: _____ Activity Administered _____

Radioisotope used for Procedure: _____ Activity Administered _____

Date of treatment: _____ Time of treatment: _____

Comments:

Radiation Safety Officer:

* If yes, R.P. Form #3, *Exposure Investigation*, must be completed.

After reviewing this form, please complete R.P. Form #91, *Area RSO Checklist for Radiation Workers Who Have Undergone a Nuclear Medicine Procedure*.