

New Dosimeter Request Form



Please submit this form by e-mail to the EHS Office at ehs@med.cornell.edu, with the subject line Dosimetry. You may also fax the form to (646)-962-0288. If you have any questions, please contact EHS at (646)-962-7233.

Note: Personal information is kept confidential, stored in a restricted area, and not available for public use.

Section 1: Participant Information

First Name _____ Last Name _____ Birthdate _____ Gender _____

Phone _____ Work Email _____ Employee ID # _____

Department _____ Supervisor / Authorized User _____

Previous Radiation Exposure

I have been monitored for radiation exposure at Weill Cornell Medicine or another institution.
(If YES, please complete and submit the [Dosimetry Information Release Form](#).)

Expected Radiation Work

Clinical x-ray _____ Fluoroscopy _____ Blood/Cell Irradiation _____

PET/Cyclotron _____ Nuclear medicine _____

Isotope Research –Specify nuclides: _____ Other – Specify: _____

Section 2: Dosimetry Information

Badge Coordinator Name _____ Phone _____ Email _____

Dosimeter(s) Requested _____

Dosimeter Account # _____ Dosimeter Wear Group* _____

[*See Image](#)

Section 3: Acknowledgment and Signature

I have read the information above and agree to comply with the radiation monitoring program by wearing my badge/ring at all times when at work and routinely returning all dosimeters to EHS in a timely manner so that accurate exposure records can be maintained by the institution.

Employee:

Date:

Clinical Supervisor / Authorized User:

Date:



**Weill Cornell
Medicine**

Environmental Health and Safety

TEL 646-962-7233 WEB weill.cornell.edu/ehs EMAIL ehs@med.cornell.edu

Weill Cornell Medicine | 402 East 67th Street, Room LA-0020 | New York, NY 10065