I am voluntarily declaring that I have had a radiopharmaceutical procedure, and, as such, may be a source of gamma exposure until the radionuclide applied has been eliminated from my system. I understand that the information given here will remain confidential to the maximum extent possible, and will only be used in the event of a dose investigation report for myself, or another individual who may come in close proximity of me. I further understand that in order to maintain an accurate record of occupational dose received at Jefferson Lab, it is recommended that I not enter any radiologically controlled areas (RCAs) or wear my dosimeter until the exposure rate from my body has decreased to background rates.

_____ _____

Printed name of worker ID# (JLAB)

_____ _____

Signature of worker Date

Date of radiopharmeceutical procedure_____

Radioisotope/quantity used_____

Maximum dose rate at approx. one foot_____mrem (day 1) _____mrem (day 2) _____mrem (day 3)

Location of Work Area_____

Approx. date of return to background level (from doctor or calculated) _____

_____ _____

Printed name of RCD member Title

_____ _____

Signature of RCD member Date