Weill Cornell Medicine
Medical Health Physics

New Dosimeter Request Form

Please submit this form by e-mail to Medical Health Physics (MHP) at dosimeters@med.cornell.edu. You may also fax the form to (646)-962-0288. If you have any questions, please contact MHP at (646)-962-5566.
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 MHP in a timely manner so that accurate exposure records can be maintained by the institution.

Employee: Date:

Clinical Supervisor / Authorized User: Date: