



Weill Cornell Medicine
 Medical Health Physics

Dosimetry Release Request

In response to the New York State Department of Labor, 12NYCRR 38, Ionizing Radiation Protection Part 38.18(e), we are requesting a complete record of past radiation doses, including the doses received in the current and past year, internal doses, and the lifetime cumulative occupational radiation dose for:

Employee Identification

Name: _____ Date of Birth: _____
 Previous Name: _____ Last Four Digits of SS#: _____
 Former EID: _____
 Dates Employed: _____ to _____

Institutional Address

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Signature: _____ Date: _____

Return Request to MHP Office:

Email: mhp@med.cornell.edu **Subject Line:** Dosimetry Information **Release Fax:** (646) 962-0288

This request and authorization apply to:

Total DDE: _____
 Total LDE: _____
 Total SDE: _____
 Extremity: _____