APPENDIX B

UNIVERSITY OF KENTUCKY
RADIATION WORKER REGISTRATION FORM

LAST NAME	**FIRST NAME**	**MI**	**SEX**	**SOC. SEC. NO.**	**BIRTH DATE**

DEPARTMENT	**ROOM #**	**BUILDING**

WORK PHONE	**START DATE**	**PREVIOUS AUTHORIZED USER (S) AT UK**

RADIATION SOURCES

TYPE OF TRAINING	WHERE TRAINED Date	DURATION OF TRAINING	ON THE JOB (circle one)		FORMAL COURSE (circle one)	
Principles and practices of radiation protection			YES	NO	YES	NO
Radioactivity measurement standardization and monitoring techniques and instruments			YES	NO	YES	NO
Mathematics and calculations basic to the use and measurement of radioactivity			YES	NO	YES	NO
Biological effects of radiation			YES	NO	YES	NO

PREVIOUS EXPERIENCE WITH RADIATION

RADIOACTIVE MATERIALS	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DATES OF USE	TYPE OF USE

☐ I HAVE HAD ***NO*** PREVIOUS OCCUPATIONAL EXPOSURE

☐ I HAVE HAD PREVIOUS OCCUPATIONAL EXPOSURE (COMPLETE EXPOSURE HISTORY BELOW)

NAME & ADDRESS OF EMPLOYER(S	DATES EMPLOYED

To (last employer): _____ You are hereby authorized to furnish the University of Kentucky all available information concerning my radiation exposure history. I was associated with your organization from: _____ to _____

Signature _____ Date _____

AUTHORIZED USER (PRINT)	AUTHORIZED USER (SIGNATURE)	DATE