

All Employee's Prior Occupational Exposure

This form should be completed and must be maintained in each employee's file. These records must be maintained for 5 years after employee has left employment.

Name: _____

Hire Date: _____

Have you any prior occupational radiation dose received within the current year?

Yes or No (please circle your answer to the question above)

If yes, please state or provide previous personnel monitoring reports:

How much _____ (amount of occupational dose radiation during _____ (date) to _____ (this date)).

Please state the nature of the occupational dose _____.

Employee Date

Dentist Date

*All forms must be signed whether the employee has had prior occupation radiation dose or not.