|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |       | **Given Names:** |       |
| **Birthdate (DDMMYY):** |       | **Sex: Male** | [ ]  | **Female** | [ ]  |
| **Birthplace:****(Province or Country)** |       | **Social Insurance Number:** |      - |      - |       |

**Protection of Privacy -** The personal information requested on this form is collected under the authority of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that *Act* and the *Federal Privacy Act*. It is requested for the purpose of monitoring your exposure to radiation under the *Nuclear Safety and Control Act* and will be provided to the contracted dosimeter service provider and the National Dose Registry for Occupational Exposure to Radiation as authorized to use the Social Insurance Number for these purposes. Direct any questions about this form to ehs.info@ualberta.ca.

|  |
| --- |
| **Job Classification:** |
| [ ]  | Scientist/Engineer | [ ]  | Medical Professional | [ ]  | Administrative |
| [ ]  | Student | [ ]  | Dental Professional | [ ]  | Other (specify)      |
| [ ]  | Technician | [ ]  | Veterinary Professional |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Department**:      | **Building**:      | **Room**:      | **Phone Number**:      |
| **Previous Radiation Monitor**:Yes [ ]  No [ ]  | **Location**:      |
| **Monitoring Period Requested:** |
| Permanent [ ]  | Temporary [ ]  (From:       To:      ) |
| **Monitor Type:** |
| Clip-on Body: [ ]  | Ring: [ ]  (right [ ]  left [ ]  small [ ]  medium [ ]  large [ ]  ) |

**Signature:**

**Date:**

**RETURN TO:**

**OFFICE USE ONLY**

|  |
| --- |
| *Participant # Group: Series:* |
| *Activate Date: Temporary Monitory Issued #:*  |
| *Deactivate Date:* |