



**DREXEL UNIVERSITY
DREXEL UNIVERSITY COLLEGE OF MEDICINE**

Radiation Worker Registration

Identification

Name	First	MI	Last	Gender	M	F
Last 4 digits of SSN:		Birthdate:		Title/Position:		
E-mail			Phone:		Fax:	

Location

Department		Supervisor / PI			
Employer	Drexel University Drexel College of Medicine	Wills Eye Institute St. Christopher's Hospital	Eastern Regional Medical Ctr Other:		
Campus	Building		Room		

Involvement With Radiation Sources

Unsealed radioactive material	Isotope	mCi	Isotope	mCi	Isotope	mCi
Sealed radioactive sources	Isotope	mCi	Isotope	mCi	Isotope	mCi
Device containing radioactive sources		Irradiator	HDR	Other:		
X-ray producing machine(s)	SEM	TEM	XRD	Radiographic	Fluoro	CT Linac
Frequent area where source is used or assist others directly handling/using source		Describe source:				

Training - List radiation safety training courses attended

Date:	Provider:	Course:
Date:	Provider:	Course:
Date:	Provider:	Course:

Experience - Check all that best describe your experience with sources of radiation

Sealed sources	⁶⁰ Co, ¹³⁷ Cs, or ¹⁹² Ir	¹²⁵ I, ¹⁰³ Pd, or ⁹⁰ Sr	Irradiator/shielded device	Radiography
Unsealed sources	³² P, ⁵¹ Cr, ²² Na or ⁸⁶ Rb	^{99m} Tc, or ¹²³ I	Linear Accelerator	Fluoroscopy
Research lab	¹⁴ C, ³ H, ³⁵ S, or ⁴⁵ Ca	¹⁸ F PET	Electron microscope	< 1 mCi
Clinical uses	¹³¹ I, ⁸⁹ Sr, ¹⁵³ Sm, or ⁹⁰ Y	Check sources	X-ray diffraction	> 1 mCi

Radiation Exposure (current year only)

Received radiation dose	Whole Body: mrem	Skin: mrem	Eye: mrem	Finger: mrem
Organization:	Contact Info:			
Did not receive radiation dose				

Signature: _____ Date: _____ Name and date entry act as signature

RSO Use Only

Initial Badge Assignment

Issue Date	Wear Date	Badge No.	Location	Type
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Permanent Badge Assignment

Monthly	Body	Ring	Facility	Location	Participant No	Date Issued
Bimonthly	Collar	Fetal				
Quarterly	Waist	Other:				