

Southern Medical Corporation

*12133 Industriplex Blvd
Baton Rouge, Louisiana 70809
Telephone #225-756-5239*

EMPLOYEE NAME _____ SS# _____ -- _____ -- _____

In order to keep your occupational exposure data up-to-date, please complete the following:

1. Are you currently working at another facility where you are badged and have radiation exposure?

YES

NO

2. In the past year, have you worked at a facility where you were badged and had radiation exposure?

YES

NO

3. What is the Name of the Facility?

Date Started: _____

Date Ended _____

4. What is the Badge Company?

The OLOLRMC monitoring badge is not to be worn while on duty at another facility. The badge is the property of the Medical Center and is meant to indicate the efficiency of this Medical Center's radiation safety program.

Employees must obtain their cumulative radiation exposure levels from their present employers each month/quarter and submit it to the Radiology Supervisor.

If at any time you work at another facility and are monitored with a badge, please inform the Radiology Supervisor.

EMPLOYEE SIGNATURE

DATE

Please return completed form to Cath Lab Supervisor within 1st week of employment. Then, form will be forwarded to Radiology Manager.