



Medical Physics and  
Radiation Safety

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**PAST EXPOSURE INQUIRY**

In compliance with Section 120.265 of Title 105, Part 120.000 of the Massachusetts Department of Public Health Code of Massachusetts Regulations, our office may be required to obtain your history of accumulated dose due to occupational exposure. Therefore, if you have previously worn a radiation dosimeter, for exposure at any time, please provide complete information. Also, read and sign the release statement at the bottom of this application.

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**RADIATION EXPOSURE HISTORY RELEASE STATEMENT**

To Whom It May Concern:

You are hereby granted permission to make available to the Boston University Division of Medical Physics and Radiation Safety any and all information concerning my radiation exposure history. You are further authorized to include in your transmittal to said person any and all information regarding my radiation exposure history acquired by you from other persons, employers, or agencies if such records are in your possession.

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Signature

Name (Print Legibly)

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Date of Birth

Date

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