



To:

From: Jim Fomenko, C.H.P.
Radiation Safety Officer

Subject: Request for Radiation Exposure History

To Whom It May Concern:

The following individual was associated with your institution and has indicated he/she was occupationally exposed to radiation during that time. In order to comply with the provisions of 10CFR20, UConn Health requests this individual's radiation exposure history while at your facility. Please include results of bioassays that contributed to the total effective dose equivalent he/she may have received.

Last Name	First Name	From	To

Please forward exposure report to: ***UConn Health
Office of Radiation Safety MC-1514
263 Farmington Avenue
Farmington, CT 06030 - 1514***

Sincerely,

Jim Fomenko, C.H.P.
Radiation Safety Officer

Authorization for the release of confidential radiation exposure records.

To whom it may concern:

I hereby authorize and request that all records of my radiation exposure history be released to the Radiation Safety Officer at UConn Health.

Signature

Date