

The University of North Carolina at Greensboro

Notification of Minor Using Radiation

Name:	Date:
University ID#:	Birth Date:
University Telephone:	E-mail Address:
University Affiliation: <input type="checkbox"/> Student <input type="checkbox"/> Staff	Laboratory Location:

With this notice I inform you that I am between the ages 16 and 18 and a member of UNCG Community who intends to work with radioactive material or a radiation generating device. I will be working with the following radiation sources:

Radioactive Material (nuclide)	Typical Activity Used (mCi)	Chemical Form
X-ray Devices:		
Other Device:		

Please check the following as appropriate:

- I have questions related to the radiation protection and would like a health physicist from the EH&S Department to contact me at _____.
- I have questions related to the radiation protection of the embryo/fetus and will contact the Department of Environmental Health and Safety at (336) 334-4357.
- I do not have questions related to the radiation protection at this time. I understand that I may contact the Department of Environmental Health and Safety if I have any questions in the future.

Signature of minor

Date

Authorization Holder Signature

Printed name

Date