



INSTITUTION: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Attention: Radiation Safety Officer

Please accept this letter as an official request for the occupational radiation exposure history of the following individual:

Name: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

I hereby authorize that my radiation exposure history be released to Vanderbilt University Medical Center.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This information is necessary to fulfill the requirements of Tennessee State Regulation 0400-20-05-.133.

Please mail the information to: Office of Clinical and Research Safety  
Radiation Dosimetry  
A-0201 Medical Center North  
1161 21st Avenue, South  
Nashville, TN 37232-2665

Thank you for your assistance with this important safety requirement. Please do not hesitate to contact me if you are in need of any further information.

Sincerely,

Ling Chung  
Sr. Safety Officer – Health Physicist  
Vanderbilt University Medical Center  
Radiation Safety – OCRS  
(615) 343-4892 office  
(615) 343-4951 fax  
[ling.h.chung@vumc.org](mailto:ling.h.chung@vumc.org)