SENSITIVE INFORMATION

Radiation Exposure Information

Name:_____ **Sex**: Male or Female

SSN:_____ **Date of Birth**:_____

Mailing Address:_____

_____

Have you ever been monitored for occupational radiation exposure?
Yes _____ No _____

If no, continue to signature line at bottom of form.

If yes, complete the following to the best of your knowledge:

Occupational radiation exposure received <u>prior</u> to the current year

Begin date when first monitored	Total radiation exposure (dose) in mrem for previous years

Current year occupational radiation exposure broken into individual sites

Monitoring Period (Begin Date - End Date)	Licensee Name	Dose (mrem)

Monitoring Period (Begin Date - End Date)	Licensee Name	Dose (mrem)

Monitoring Period (Begin Date - End Date)	Licensee Name	Dose (mrem)

Monitoring Period (Begin Date - End Date)	Licensee Name	Dose (mrem)

Monitoring Period (Begin Date - End Date)	Licensee Name	Dose (mrem)

Monitoring Period (Begin Date - End Date)	Licensee Name	Dose (mrem)

When you arrive at the TVA site's dosimetry office, you will be asked to review and sign your NRC Form 4 based off the information you have provided. Corrections can be made to the Form 4 if necessary.

_____
Signature / Date