



**Radiation Protection Service**  
Application for Radiation Monitoring Service

The Health Canada National Dosimetry Service (NDS) maintains permanent records of personal lifetime doses. The information in the National Dose Registry is recorded based on your Social Insurance Number, last name, given name, date of birth, province/country of birth, and job title.

The University of Toronto, NDS and the Government of Canada are committed to respecting the personal privacy of people who require personal lifelong occupational monitoring for ionizing radiation. Any information collected is disclosed only to the National Dosimetry Services' employees and other officials who need it to process records to update the National Dose Registry, according to any of the legislation by which the National Dosimetry Services is governed. The University of Toronto and the National Dosimetry Services does not create individual profiles from the information that users provide. As well, do not disclose the information to any party inside or outside the federal government unless authorized by law.

Please complete the form and submit it to Radiation Protection Services at:  
[vaniashree.ranganathan@utoronto.ca](mailto:vaniashree.ranganathan@utoronto.ca)

**Worker Information:**

Social Insurance Number (SIN): \_\_\_\_\_ Please send separately by email to: [vaniashree.ranganathan@utoronto.ca](mailto:vaniashree.ranganathan@utoronto.ca)

Surname (as indicated in the SIN): \_\_\_\_\_

Full Given Name (as indicated in the SIN): \_\_\_\_\_

Date of birth (yyyy-mm-dd): \_\_\_\_\_

Place of birth (Province or Country): \_\_\_\_\_

Job/Position title: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Male  Female

Personnel / Student No.: \_\_\_\_\_

Department: \_\_\_\_\_

Have you worn a dosimeter previously? Yes  No  If so, where? \_\_\_\_\_

If Term or Summer Employee, specify termination date\*: \_\_\_\_\_

**Radiation Source:**

I will be working with (select all that apply):

- More than or equal to 50 MBq (1.35 mCi) of gamma emitters or high energy beta emitters
- An open beam x-ray machine
- A dental x-ray machine

**Type of Dosimeter Required:**

Whole-body  Extremity (select ring size): Small (size 5)  Large (size 10)

Worker Signature: \_\_\_\_\_ Permit Holder Signature: \_\_\_\_\_