

## Radiation Exposure Request

### NOTES

Today's Date:

- Please include commands for Specific Date Requests
- If requesting >5, use excel file along with command letter
- If requesting >20, obtain approval from NDC first

### Section 1: Requested Individual

First Name

Middle Name/Initial

Last Name

Full SSN Required

Date of Birth

### Section 2: Exposures

LIFETIME (Leave Dates Blank)

DATES (Please enter dates for request)

From Date (DD/MMM/YYYY)

To Date (DD/MMM/YYYY)

### Section 3: Requestor's Contact Information

Full Name

Phone

Email

Command Name

Command UIC

Hull Number (If Applicable)

Command Address

### Section 4: Additional Remarks (IAW P-5055, please include previous efforts made to obtain results):