

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Baltimore Maryland 21230
 (410) 537-3000 • 1-800-633-6101 • www.mde.maryland.gov

CUMULATIVE OCCUPATIONAL DOSE HISTORY							
Name (Last, First, Middle Initial)				Identification No.	ID Type	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Monitoring Period (MM/DD/YYYY)		Licensee Name		License Number		<input type="checkbox"/> Record <input type="checkbox"/> Estimate <input type="checkbox"/> No Record	Date of Birth (MM/DD/YYYY)
DDE	LDE	SDE,WB	SDE, ME	CEDE	CDE	TEDE	TODE
Monitoring Period (MM/DD/YYYY)		Licensee Name		License Number		<input type="checkbox"/> Record <input type="checkbox"/> Estimate <input type="checkbox"/> No Record	Date of Birth (MM/DD/YYYY)
DDE	LDE	SDE,WB	SDE, ME	CEDE	CDE	TEDE	TODE
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Monitoring Period (MM/DD/YYYY)		Licensee Name		License Number		<input type="checkbox"/> Record <input type="checkbox"/> Estimate <input type="checkbox"/> No Record	Date of Birth (MM/DD/YYYY)
DDE	LDE	SDE,WB	SDE, ME	CEDE	CDE	TEDE	TODE
Signature of Monitored Individual		Date Signed	Certifying Organization		Signature of Designee		Date Signed

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INSTRUCTIONS FOR COMPLETION OF FORM RX-37

ID TYPE: May be Social Security number (SSN), passport number (PPN), Canadian Social Insurance Number (CSI), work permit number (WPN), or other (OTH)

Record, Estimate, or No Record: Choose “Record” if the dose data listed represents a final determination of the dose received to the best of the licensee’s knowledge. Choose “Estimate” if the listed dose data is preliminary and will be superseded by a final determination resulting in a subsequent report. Choose “No Record” if the individual or an organization has indicated that the individual was monitored, but the monitoring records could not be obtained. NOTE: For monitoring periods during the current year where records are not available, the individual’s allowable dose must be reduced by 1.25 rems for each quarter for which records were unavailable and the individual was engaged in activities that could have resulted in occupational radiation exposure.

DDE: Enter the deep dose equivalent to the whole body.

LDE: Enter the eye dose equivalent recorded for the lens of the eye.

SDE,WB: Enter the shallow dose equivalent recorded for the skin of the whole body.

SDE,ME: Enter the shallow dose equivalent recorded for the skin of the extremity receiving the maximum dose.

CEDE: Enter the committed effective dose equivalent.

CDE: Enter the committed effective dose equivalent recorded for the maximally exposed organ.

TEDE: Enter the total effective dose equivalent. The TEDE is the sum of DDE + CEDE.

TODE: Enter the total organ dose equivalent for the maximally exposed organ. The TODE is the sum of DDE + CDE.

This form should be signed by the monitored individual. The name of the employer, licensee, or facility providing exposure monitoring for the individual should be entered. The person designated to represent the employer, licensee, or facility should sign this form.

Privacy Act Notice: This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. § 552a. If you have disclosed your Social Security number as an Identification Number on this form, this number will not be used for any purpose other than to positively identify you.

ADDITIONAL COPIES OF THIS FORM MAY BE USED AS REQUIRED TO RECORD YOUR CUMULATIVE OCCUPATIONAL DOSE.

