△

Registered, 6month after Registration

★In case of registration in the term from April to June

Medical interview sheet for radiation workers and applicants

永久保存用

Mark appropriate check-box or selections and fill in the boxes with bold line.

Filling date: ○ /dd ○ /mm ○ /yyyy

※Fill in all the red frames

New ☐ A new applicant

Registered ☑ 6 months after registration ☐ Judged "Not omissible"
☐ Interview (in May) ☐ Interview (in November)

Indication in kana	きゅうだい けんた	Sex	
Name	Kyudai Kenta	M・F	
Date of Birth	○ /dd ○ /mm ○ /yyyy (age ○)		
Faculty, Department or Name of course	Department of ○○○ School of ○○○	Status	Professor, Student(M2, D1)etc

Facility Name Registered in	Registration Number
RI Center on Ito	2558-○○○○○
Science	0158-○○○○○

Enter the name of facility and registration number described on 8 page of pink notebook about radiation.

※If you are registered in multiple facilities, you have to write the all names of the facilities .
※Each person has a specific number to the facility.
★Enter your own number !

〈 1 〉 Radiation working history in the past (**only for a new applicant**)

Have you ever worn glass or film badges ?
☐ No
☐ Yes → ① Where?
☐ Kyushu University
☐ Others (Facility: period:)
② Have you ever been exposed to radiation ?
☐ No
☐ Yes (Date: Effective dose: mSv)

You have to check your personal monthly reports and specify in the term of **the month you started wearing glass badge to the latest month when the report was issued**

〈 2 〉 Personal information on radiational exposure in recent years (**summarize the report on glass badge**)

Exposure dose in the **last fiscal year**

( ) year in A.D. (X):enter number of months with no exposure detected	Effective dose	Equivalent dose Lens	Equivalent dose Skin	※If you had the dose **over 0.0 mSv, specify**
	mSv	mSv	mSv	・Date and place:
	(X)	(X)	(X)	・Work contents:
				・Subjective symptoms:

Exposure dose in **this fiscal year**

(2018) year in A.D. (5 mm～9 mm) (X):enter number of months with no exposure	Effective dose	Equivalent dose Lens	Equivalent dose Skin	※If you had the dose **over 0.0 mSv, specify**
	0.0 mSv	0.0 mSv	0.0 mSv	・Date and place:
	(5 X)	(5 X)	(5 X)	・Work contents:
				・Subjective symptoms:

ex) ・You started wearing glass badge in May
・You have reports on May to September
・When all the monthly results are X, you have not been exposed → 0.0mSv
・5 months without detection → 5X

Possibility of exposure over 5 mSv in effective dose
☑ No
☐ Yes → Why ( )

Do you expect to receive more than 5 mSv exposure in effective dose in this fiscal year?

Confirmed by 九大 太郎 印

You have to get signature and seal for confirmation by your supervisor.(Not by yourself)

〈 3 〉 Subjective symptoms, etc. (**for everyone**)
・A new applicant ・・ Declare subjective symptoms that you have now
・Registered ・・ Describe new symptoms that you have now

Skin symptoms	☑ No	☐ Yes	( )
Eye symptoms	☑ No	☐ Yes	( )
Allergic symptoms	☑ No	☐ Yes	(hay fever atopy rhinitis conjunctivitis asthma)
Others	☑ No	☐ Yes	(slight cold)

〈 4 〉 医師の判定(Judgment by Doctor) ・・・ Doctor will use this heading ・・・

1、異常なし(Nothing particular)
2、一部省略不可(Partially omissible)
3、全部省略(Omissible)
4、省略できない項目 (Not omissible) ☐ 白血球数及び白血球百分率(WBC) ☐ 赤血球数及びHb量又はHt値(RBC) ☐ 眼(Eye) ☐ 皮膚(Skin)

判定年月日	判定者 健康管理医 印