

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



Registered,
6month after
Registration

New <input type="checkbox"/> A new applicant	Registered <input checked="" type="checkbox"/> 6 months after registration <input type="checkbox"/> Judged "Not omissible" <input type="checkbox"/> Interview(in May) <input type="checkbox"/> Interview(in November)	
Indication in kana Name Date of Birth Faculty, Department or Name of course	きゅうだい めぐみ Kyudai Megumi Sex M · <input checked="" type="radio"/> F /dd /mm /yyyy (age ○) Department of ○○○ School of ○○○ Status Professor, Student(M2, D1)etc	Facility Name Registered in Hospital RI Center on Hospital Registration Number 0359-○○○○○ 1759-○○○○○

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

★In case of registration in the term from July to September

< 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)

※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 !

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)

year in A.D. (X)enter number of months with no exposure detected	Effective dose mSv	Equivalent dose		※If you had the dose over 0.0 mSv, specify •Date and place: •Work contents: •Subjective symptoms:
		Lens mSv	Skin mSv	
() Exposure dose in the last fiscal year	()	()	()	
(2018) Exposure dose in this fiscal year	0.0 mSv (5 X)	0.0 mSv (5 X)	0.0 mSv (5 X)	

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

Confirmed by **九大 太郎**

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

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

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	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	(_____)
Eye symptoms	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	(_____)
Allergic symptoms	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	(hay fever atopy rhinitis conjunctivitis asthma)
Others	<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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