

# 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 <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 <b>きゅうだい いちろう</b> <b>Kyudai Ichiro</b>	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Facility Name Registered in <b>Engineering</b>	Registration Number <b>0664-○○○○○</b>
Date of Birth ○ /dd ○ /mm ○ /yyyy (age ○ )	Faculty, Department or Name of course <b>Department of ○○○ School of ○○○</b>	Status <b>Professor, Student(M2, D1)etc</b>	

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 )

## < 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 mSv	Equivalent dose		※If you had the dose over 0.0 mSv, specify •Date and place: •Work contents: •Subjective symptoms:
		Lens mSv	Skin mSv	
( 2017 )	0.0	0.0	0.0	
( 5 X )		( 5 X )	( 5 X )	
Exposure dose in this fiscal year				
year in A.D. ( mm~mm ) ( 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	
( )		( X )	( X )	
( X )		( X )	( X )	
Possibility of exposure over 5 mSv in effective dose				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes → Why ( _____ )				
Confirmed by	<b>九大 太郎</b>			

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

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

## < 3 > Subjective symptoms, etc. (for everyone )

- A new applicant
- Registered
- Declare subjective symptoms that you have now
- 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)	<input type="checkbox"/> 白血球数及び白血球百分率(WBC) <input type="checkbox"/> 赤血球数及びHb量又はHt値(RBC) <input type="checkbox"/> 眼(Eye) <input type="checkbox"/> 皮膚(Skin)
判定年月日	判定者 健康管理医

Registered,  
6month after  
Registration

★In case of registration in the term from October to December

You have to check your personal monthly reports and specify about the last fiscal year

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