Interview in May

★ **Fill in about the situation of your work in the last fiscal year**

Medical interview sheet for radiation workers and applicants

永久保存用

※Fill in all the red frames

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

Filling date: ○ /dd ○ /mm ○ /yyyy

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 たかし	Sex		Facility Name Registered in	Registration Number
Name	Kyudai Takashi		M・F	Hospital	0310-○○○○○
Date of Birth	○/dd ○/mm ○/yyyy (age ○)				
Faculty, Department or Name of course	Department of ○○○ School of ○○○	Status	Professor, Student(M2, D1)etc	MIB	0810-○○○○○

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 about the last fiscal year

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

Exposure dose in the **last fiscal year**

(2017) 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**
				・Date and place:
	0.0 mSv	0.0 mSv	0.0 mSv	・Work contents:
	(12 X)	(12 X)	(12 X)	・Subjective symptoms:

Exposure dose in **this fiscal year**

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

ex) ・You started using glass badge from April
・You have reports from April to March
・When all the monthly results are X, you have
not been exposed → 0.0mSv
・12 months without detection → 12X

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 平成 判定者 健康管理医 印