☐ New applicant

※Fill in all the red frames

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

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　はなこ	Sex	Facility Name Registered in / Registration Number
Name	Kyudai Hanako	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	

〈 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	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**

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

Possibility of exposure over 5 mSv in effective dose

☐ No

☐ Yes → Why ( )

Confilmed by 印

〈 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