

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

★ Interview in November

★ Fill in about the situation of your work in the 6months

New <input type="checkbox"/> A new applicant	Registered <input type="checkbox"/> 6 months after registration <input type="checkbox"/> Judged "Not omissible" <input type="checkbox"/> Interview(in May) <input checked="" type="checkbox"/> Interview(in November)
Indication in kana きゅうだい きょうこ	Sex M · <input checked="" type="radio"/> F
Name Kyudai Kyoko	Facility Name Registered in Agriculture
Date of Birth ○ /dd ○ /mm ○ /yyyy (age ○)	Registration Number 0765-○○○○○
Faculty, Department or Name of course Department of ○○○ School of ○○○	Status Professor, Student(M2, D1)etc
	RI Center on Hakozaiki 1665-○○○○○

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

< 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 !

< 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				
()				
Exposure dose in this fiscal year				
(2018)	0.0 mSv	0.0 mSv	0.0 mSv	
(4 mm~9 mm)	(6 X)	(6 X)	(6 X)	
Possibility of exposure over 5 mSv in effective dose				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes → Why (_____)				
Confirmed by	九大 太郎			<input checked="" type="checkbox"/>

You have to check your personal monthly reports and specify in the term of April to the latest month when the report was issued

- ex) • You started using glass badge from April
• You have reports from April to September
• When all the monthly results are X, you have not been exposed → 0.0mSv
• 6 months without detection → 6X

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 •• 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 _____