Medical interview sheet about ionizing radiation for radiation workers.

Please fill in the blanks and mark your answers with black pen. Submit this sheet to your course office.

Date Year Month Day

Course/ Department		Position	Staff (full-time・part-time)・Postgraduate・Undergraduate・others ( )
		Date of birth	Male/ Female
ID Number			Engaging in radiation-related work First time/ Continuance

Write your student ID or staff ID.
If you don't know it, leave the space blank.

If you engage in radiation worker at N-BARD for the first time, check "First time".

［1］Work history (For only continuance worker : Fill out.)

Work history after the last medical	1. Work place in Hiroshima University Name of facility (Accelerator・Gamma-Ray Irradiation Apparatus・Neutron Beam iation Apparatus・ X-ray generator・Synchrotron radiation・ aled RIs (Name of nuclide :) rs ( ) place out of Hiroshima University e of facility ( ) e of Isotopes or Apparatuses ( ) rs ( )
project	e as that in the period after the last medical examination 2. Different from that n ( )
Dose exposed after the last medical examination	presence /ab Situation of)

Write the facility name of like as follows, Natural Science Center for Basic Research and Development, Hiroshima Synchrotron Radiation Center, Graduate School of Engineering, Graduate School of Integrated Arts and Sciences, Graduate School of Integrated Sciences for Life.

If you didn't use radiation facility from the last medical examination, write "didn't use" in "3.Others".

［2］Results of the last medical examination （ ）

Seal of radiation protection supervisor seal

［3］Subjective symptoms (For all : Fill out.)

Subjective symptoms from exposed radiation		If you have some symptoms from exposed radiation, write them specifically.
General	(presence/absence)	
Skin	(presence/absence)	
Eye	(presence/absence)	
Other	(presence/absence)	

［4］Physician's comments

Check items □hemoglobin content, hematocrit value, red cell count, leukocyte count and leukocyte classification in peripheral blood
□skin symptoms ( )
□eye symptoms ( )

□ No need of examination □ No problem regarding skin and eyes
(Result of blood examination is attached)

Health Service Center, Hiroshima University
Date Physician seal