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 ( )	
Name		Date of birth		Male/ Female
ID Number			Engaging in radiation-related work First time/ Continuance	

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

Work history after the last medical examination	1．Work place in Hiroshima University Name of facility ( ) Accelerator・Gamma-Ray Irradiation Apparatus・Neutron Beam Irradiation Apparatus・ X-ray generator・Synchrotron radiation・Unsealed RIs (Name of nuclide :) Others ( ) 2．Work place out of Hiroshima University Name of facility ( ) Name of Isotopes or Apparatuses ( ) 3．Others ( )
Future work project	1．Same as that in the period after the last medical examination 2．Different from that in the period after the last medical examination ( )
Dose exposed after the last medical examination	presence /absence (Total exposed dose: mSv) Situation of the exposed work ( )

［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