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.

						<u>Dat</u>	<u>e</u>	Ye	ar	Month	<u>Da</u>	
Ī	Course/ Department					Position	Position Staff (full-time · part Undergraduate · other				stgraduate	
-	Name					Date of birth	?				Male/ Female	
	ID Numb	er							Engaging in First time			
[1 <u>]</u>	Work history (For only o	continuar	nce wor	rker : I	Fill out.)						
	Work history after the last medical examination	Name of fa Accelerated rradiation Unsealed Others (Work place Name of fa	place out of Hiroshima University of facility (of Isotopes or Apparatuses (
=	Future work project	1 Same as that in the period after the last medical examination									tion)	
	Dose exposed last medical ex		e (Total ex exposed wo	_	dose:		mSv)				
	Results of the la					Seal o	of radi	ation p	protection	superv	isor se	
_ J _	Subjective symptoms Subjective symptoms from exposed radiation					If you have some symptoms from exposed radiation, write them specifically.						
	General (presence/absence)			sence)		САРОВСС	radia	cion, w	rice them	Бресте	any.	
	Skin	<u>.</u>										
	Eye Other		resence/ab resence/ab									
[4]	Physician's cor	-										
	Check items	ck 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 j	No problem regarding skin and eyes (Result of blood examination is attached)						
	Date					Health S		Center	, Hiroshi	ma Univ	versity seal	