## 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	r =
	Course/ Department			Position	Staff (full-time • Undergraduate	part-time) • Post • others (	egraduate • )	
U U	lent ID or staff I w it, leave the sp 10 Nume	oace blank.		Date of birth		aging in radiation-relat st time/ Continua		
[1	] Work history ( Work history after the last medical	7 1. Work Name	place in Hiros e of facility (	er : Fill out.) shima Universi ma-Ray Irradiat	-	If you eng worker at first time, c	N-BARD heck "Firs	for the
Natural Science and Developme Radiation Cer Engineering, Integrated Art	ity name of like e Center for Bas ent, Hiroshima S nter, Graduate	as follows, ic Research Synchrotron School of School of , Graduate r Life.	atus · X-ray ne of nuclide : Iiroshima Unive r Apparatuses ( e period after th	generator • Sy ersity <u>e last medical e</u>	nchrotron rac	liation • ) ) ) )		
	project Dose exposed last medical e	( d after the	rent from that presence /ab Situation of	ii you didii t	ise radiation fa xamination, wr	-	N 1	

[2] Results of the last medical examination (

Seal of radiation protection supervisor seal

[3] Subjective symptoms (For all : Fill out.)											
	Subjec	tive symptoms	If you have some symptoms from								
	from exposed radiation		exposed radiation, write them specifically.								
	General	(presence/absence)									
	Skin	(presence/absence)									
	Eye	(presence/absence)									
	Other	(presence/absence)									

## [4] Physician's comments

Check items Dhemoglobin cont	ent, hematocrit value, red cell count, leukocyte count						
and leukocyte classification in peripheral blood							
□skin symptoms	(	)					
□eye symptoms	(	)					
$\Box$ No need of examination	<ul> <li>No problem regarding skin and eyes</li> <li>(Result of blood examination is attached)</li> </ul>	)					
Date	Health Service Center, Hiroshima Univer Physician	sity seal					

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