

Medical questionnaire for radiation and X-ray workers

Complete the medical questionnaire which should be brought with you on the day of the health checkup.

「 ● 」 ←Fill Like this

Last / Middle / First name	Staff	<input type="radio"/> Staff	<input type="radio"/> Researcher	Student ID number					
Name	Student	<input type="radio"/> Undergraduate <input type="radio"/> Graduate <input type="radio"/> Research student							
	Faculty	<input type="radio"/> Sciences <input type="radio"/> Pharmaceutical sciences <input type="radio"/> Engineering							
		<input type="radio"/> Environmental science and technology <input type="radio"/> Plant Science and Resources							
Date of birth: (yyyy/mm/dd)	<input type="radio"/> Research Institute for Interdisciplinary Science								
Sex: <input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Research Core for Interdisciplinary Sciences								
Use: <input type="radio"/> New <input type="radio"/> Continuance <input type="radio"/> Reregistration	<input type="radio"/> Other ()								

●Please answer the following questions, **everyone**

1. Where do you (are you going to) use ionizing radiation?
 On Campus Off Campus
 → Name of facilities ()
2. What kind of ionizing radiation do you use?
 Please check the table on the right.
 If you choose the "21", please specify the nuclides. →
3. Do you have any eye symptoms?
 No Yes (Symptoms :)
4. Do you have any skin symptoms?
 No Yes (Symptoms :)
5. Do you have any allergic diseases?
 (e.g. : asthma, pollinosis, atopy, rhinitis, etc.)
 No Yes (Details :)

<input type="radio"/> 10 Medical X-ray
<input type="radio"/> 11 Industrial use X-ray (Photographing)
<input type="radio"/> 12 Industrial use X-ray (Fluoroscopy)
<input type="radio"/> 13 Industrial use X-ray (Analysis)
<input type="radio"/> 14 Industrial use X-ray (Others)
<input type="radio"/> 15 Charged particle accelerators
<input type="radio"/> 16 X-ray tube during the manufacturing process
<input type="radio"/> 17 Kenotron during the manufacturing process
<input type="radio"/> 18 Medical γ-ray irradiator
<input type="radio"/> 19 Industrial use γ-ray irradiator
<input type="radio"/> 20 Equipment with radioactive materials other than γ-ray irradiator
<input type="radio"/> 21 Radioactive materials ()
<input type="radio"/> 22 Nuclear reactor
<input type="radio"/> 23 Radon gas inside a pit

●Please answer the following questions, **Continuance or Reregistration** only

Have you been exposed to a large amount of radiation (≥20mSv/year) in a freak accident?
 No Yes

[Place : Nuclide or equipment :
 Period : Exposure dose :]

●Please answer the following questions, **Continuance** only

1. Have you used ionizing radiation since the last checkup?
 No Yes
 (1) Work period (mm/dd)
 / ~ / (hours / month) or (total hours)
 / ~ / (hours / month) or (total hours)
 (2) Exposure dose (Effective dose)
 < 5mSv ≥ 5mSv (Value : mSv)
2. If you may skip blood test and skin check according to the regulation, would you nevertheless like these checks?
 No Yes

※Don't fill in

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
記録簿提出のみ	問診のみ	採血・皮膚	皮膚異常アリ	血液異常アリ

If you are encouraged the blood test as indicated by “次回採血”, you must take the checkup.

If you have not used any ionizing radiation since the last checkup and you will not use any ionizing radiation from now, you should submit this sheet and ionizing radiation record to your office staff.