Appli	Application				
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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.

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						Student ID number						
Last / Middle / First name	Staff O Staff O Researcher											
	Student		○ Undergraduate ○ Graduate									
Nama		O Salamana (O 5:-	-:					
Name		○ Sciences ○ Pharmaceutical sciences ○ Engineering										
						nnology O Plant Science and Resources						
Date of birth: / / (yyyy/mm/dd)	Faculty	Faculty O Research Institute for Interdisciplinary Scien					ence O Education					
Sex: O Male O Female		O Research Core for Interdisciplinary Scien				nces O Agriculture						
Use: ○ New ○ Continuance ○ Reregistration		O Other		()							
•Please answer the following questions, everyo	ne.				0 10) Medica	al X-ray					
1. Where do you (are you going to) engage in the	e work?				11 Industrial use X-ray(Photographing)							
 ○ On Campus ○ Off Campus → Name of 	facilities)	12 Industrial use X-ray (Fluoroscopy)							
2.What is your radiation work contents?	_					13 Industrial use X-ray (Analysis)						
O Experiment O Practice O Medical	O Ot	,)								
3. What kind of radiation do you use? Please check the table on the right. If you choose the "21", please specify the nuclides.						14 Industrial use X-ray (Others)15 Charged particle accelerators						
4. Do you have any eye symptoms?												
O No O Yes (Symptoms:					 16 X-ray tube during the manufacturing process 							
					17 Kenotron during the manufacturing process							
5. Do you have any skin symptoms? O No O Yes (Symptoms:					18 Medical γ-ray irradiator							
O NO O res (symptoms .												
6. Do you have any allergic diseases? (e.g.: asthma, pollinosis, atopy, rhinitis, etc.) ○ No ○ Yes (Please specify:				,								
					 20 Equipment with radioactive materials other than γ-ray irradiator 							
● Please answer the following questions. <u>Continuance or Reregistration</u> only. Have you been exposed to a large amount of radiation (>=20mSv/year) in an accident?				t?	O 21 Radioactive materials							
O No. O Ver				O 22	() ○ 22 Nuclear reactor							
□ Place : Nuclide or equipment :												
Period: Exposure dose:					<u> </u>	23 Radon gas inside a pit						
• Please answer the following questions. Contin		•			ļ		*	Don't fi	ill in			
1. Have you used ionizing radiation since the la	st checku	b;				0	0	0	0	0		
○ No ○ Yes(1) Work period (mm/dd)					ļ	記	問	採	皮	血		
	urs / mo	nth) or (total	ho	urs)		録 簿	診 の	<u>.</u>	膚異	液 異 常		
		nth) or (total		urs)	ļ	提 出	み	皮 膚	常 ア	ア		
(2) Exposure dose (Effective dose)					ļ	の み			IJ	IJ		
O < detection limit O <= 5mSv (except < detection limit) O >= 6mSv												
	nSv)	·		/alue:	mSv)						
2. If you may skip blood test and skin check according to the regulation, would you nevertheless like these checks?												
O No O Yes												

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