

# 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

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

● 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)

- < detection limit  <= 5mSv (except < detection limit)  >= 6mSv

↳ (Value: mSv )

↳ (Value: mSv )

2. If you may skip blood test and skin check according to the regulation, would you nevertheless like these checks?

- No  Yes

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

**※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.