

Certificate (FY2009)

1. Name of applicant: (last) _____ (first) _____ (middle) _____

2. Sex: _____

3. Date of birth: _____(year/month/day)

4. Institution: _____

5. Period(s) of exposure: from _____(year/month)

6. Certificate for occupational radiation exposure records:

6-1 Whole-body dose from 2003/Apr to 2008/Mar: _____ mSv

6-2 Whole-body dose from 2008/Apr to 2009/Mar: _____ mSv

6-3 Whole-body dose for each month from 2009/Apr to last month (in mSv):

2009/Apr: _____ May: _____ Jun: _____

Jul: _____ Aug: _____ Sep: _____

Oct: _____ Nov: _____ Dec: _____

2010/Jan: _____ Feb: _____ Mar: _____

7. Date of last medical examination:

(The date must be within 12 months.) _____(year/month)

Any restrictions ? : No / Yes()

8. Date of last training in radiation protection: _____(year/month)

(The date must be within 12 months. Please check if he/she did not take lectures or training on radiation safety within 12 months.)

He/She has sufficient knowledge on radiation protection.

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The applicant was a registered worker in radiation-controlled areas at our institution.

I consent that the applicant can work in radiation-controlled areas at the National Institute of Radiological Sciences (NIRS), JAPAN.

I herewith certify that the above statement is correct.

Signature: _____

Name: _____

Section and Position: _____

Date: _____