

**Please follow this English guide, fill out Japanese form by Japanese, and submit it.
(This English sample form only for guide. Do not submit it.)**

**Medical Interview Examination Form for Radiation-related Workers
Special Medical Examination (Medical Interview Examination Form)**

No. _____

Student Copy

| | | | | | | |
|---|---------------------------------|----------------|--|--|-------|-----|
| Heisei [] Year | | Student | | *Submit all pages, without separating or removing. | | |
| Student No. | | Entry Date | Year | Month | Day | |
| Furigana | | Gender | Male | Female | | |
| Name | DO NOT SUBMIT THIS SHEET | | Date of Birth | Year | Month | Day |
| School | Department | Course (B·M·D) | University/Department Change of affiliation | | | |
| Graduate school | Department | Course | Year | <input type="checkbox"/> No | | |
| Phone No. (to contact during the day, ext. No.) | ENGLISH GUIDE | | <input type="checkbox"/> Yes (Former affiliation: _____) | | | |

Examinee entry column: This column must be filled out by the Examinees themselves. Check applicable boxes and enter necessary information below

| | |
|---|--|
| <input type="checkbox"/> Continuing workers (Engaged in radiation-related work from previously) ※Please submit this form to the person in charge by the designated date I]Have you taken this year's spring periodic medical examination ? <input type="checkbox"/> Yes <input type="checkbox"/> No II]What is your radiation-related work, specifically? ①Planned work contents <input type="checkbox"/> Handling Unsealed RIs <input type="checkbox"/> Handling X-ray apparatus <input type="checkbox"/> Handling Sealed RIs <input type="checkbox"/> Handling Nuclear fuel material <input type="checkbox"/> Handling Accelerator <input type="checkbox"/> Entering controlled area <input type="checkbox"/> Others (Specifically: _____) ②Planned work place <input type="checkbox"/> On Campus (Specifically: _____) <input type="checkbox"/> Outside Campus (Specifically: _____) ③Change of work place <input type="checkbox"/> No <input type="checkbox"/> Yes (Specifically: _____) ④Are there any possibility of changes in assigned tasks, increase of work hours, increase or decrease of radiation exposure for other reasons ? <input type="checkbox"/> Likely to Decrease or Stay the Same <input type="checkbox"/> Likely to Increase (estimated radiation dose and the cause: _____) III] Subjective symptoms: Provide any concerns about your health attributable to radiation-related work. <input type="checkbox"/> None <input type="checkbox"/> Yes (Specifically: _____) Please check box below, if applicable <input type="checkbox"/> Completed the special medical examination at the end of last year to enroll in the departmental training course held before this year's first special medical * Please attach previous medical examination form to this form and submit it to the person in charge. | <input type="checkbox"/> New workers (Engaging in radiation-related work for the first time) ※Please bring this form to take the special medical examination on the designated date. I]Have you taken this year's spring periodic medical examination ? <input type="checkbox"/> Yes <input type="checkbox"/> No II]Reasons for taking special medical examination <input type="checkbox"/> Gained RI/X-ray Qualification to engage in radiation-related work To take <input type="checkbox"/> RI training <input type="checkbox"/> X-ray training <input type="checkbox"/> Department practical training * You should engage in radiation-related work within a year, when the examination is valid. <input type="checkbox"/> I take the medical examination for _____ <input type="checkbox"/> Additional RI qualification holder new in Nagoya University but Engaged in others before ※Submit this form to supervisor for supervisor column (radiation exposure history) (★) and bring this form to take special medical examination on the designated date and time. I]Have you taken this year's spring periodic medical examination ? <input type="checkbox"/> Yes <input type="checkbox"/> No II]Reasons for taking special medical examination <input type="checkbox"/> 3rd-class (X-ray) Qualification holder, additionally aquired RI Qualification and will change to 1st-class Qualification holder <input type="checkbox"/> Engaged in radiation-related work in other locations but first time in Nagoya University * If you have engaged in radiation-related work in other places, please attach radiation exposure history before submitting this form to the radiation protection supervisor to enter into their column. III] Please enter your previous radiation-related work Work place (_____) Work Task (_____) Work hour (_____) Radiation injury <input type="checkbox"/> No <input type="checkbox"/> Yes (Specifically: _____) Subjective symptoms <input type="checkbox"/> No <input type="checkbox"/> Yes (Specifically: _____) |
|---|--|

Supervisor entry column: (radiation exposure history) This column should be filled out by the radiation protection supervisor

| | | | | | |
|---|--|---|---|---|--|
| Last year's special medical examination (Please circle examined items, if not all) | | Please check either box below | | | |
| <input type="checkbox"/> Examined (Skin·Eyes·Blood) | <input type="checkbox"/> Not necessary (Skin·Eyes·Blood) | <input type="checkbox"/> Not examined | <input type="checkbox"/> Work from last year | <input type="checkbox"/> Work from this year | |
| Previous amount of radiation exposure (after last special medical examination) if ☆ enter collective | Effective dose | Eye | Skin | Female abdomen | Past exposure history (Enter work place, tasks, period, exposure amount, presence or absence of radiation injury and subjective symptoms, and other radiation exposure circumstances.) |
| | <input type="checkbox"/> Not detected <input type="checkbox"/> mSv | <input type="checkbox"/> Not detected <input type="checkbox"/> mSv | <input type="checkbox"/> Not detected <input type="checkbox"/> mSv | <input type="checkbox"/> Not detected <input type="checkbox"/> mSv | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Not engaged after last examination (Last year examination Year) | | | | Special Notes |
| This year expected radiation exposure: possible more than 5mSv <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| I acknowledge the information above is correct. | | | | | |
| Heisei Year Month Day | | Radiation protection supervisor | | | Seal |

Health Administration Office entry column: This column should be filled out by the Health administration officer

| | | | | | |
|--|------------------------------------|--|---------------------------------|---|-------------------------|
| According to this medical interview, about this year special medical examination | | | | | |
| | New workers | Continuing workers | Examination place | Results and steps to take | |
| Skin screening | <input type="checkbox"/> Necessary | <input type="checkbox"/> Not necessary | NU health administration office | <input type="checkbox"/> No abnormalities <input type="checkbox"/> Follow-up examination <input type="checkbox"/> Treatment necessary | |
| | | <input type="checkbox"/> Necessary | Others (_____) | Heisei Year Month Day Doctor's Name | Seal |
| Eye screening | Same as above | <input type="checkbox"/> Not necessary | NU health administration office | <input type="checkbox"/> No abnormalities <input type="checkbox"/> Follow-up examination <input type="checkbox"/> Treatment necessary | |
| | | <input type="checkbox"/> Necessary | Others (_____) | Heisei Year Month Day Doctor's Name | Seal |
| Blood test | Same as above | <input type="checkbox"/> Not necessary | NU health administration office | Result (attachment) to be reported later | |
| | | <input type="checkbox"/> Necessary | Others (_____) | Heisei Year Month Day Doctor's Name | Seal |
| | | | | Heisei Year Month Day | |
| | | | | NU health administration head officer | Doctor's name Seal |

* Required blood test items: number of red and white corpuscles, percentage of white corpuscles, hemoglobin content or hematocrit value

Folding Prohibited
Storage Required
Required to store this form and blood test result, if applicable
Required for radiation-related workers