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.)

Folding Prohibited

Storage Required

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

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

No.

Student Copy

*Submit all pages, without separating or removing.

Heisei【 】Year **Student**

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	☐No
Phone No. (to contact during the day, ext. No.)	ENGLISH GUIDE		☐Yes（Former affiliation: ）

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

☐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 ?
☐Yes ☐No

Ⅱ]What is your radiation-related work, specifically?
①Planned work contents
☐Handling Unsealed RIs ☐Handling X-ray apparatus
☐Handling Sealed RIs ☐Handling Nuclear fuel material
☐Handling Accelerator ☐Entering controlled area
☐Others (Specifically:)
②Planned work place
☐On Campus (Specifically:)
☐Outside Campus (Specifically:)
③Change of work place
☐No ☐Yes (Specifically:)
④Are there any possibility of changes in assigned tasks, increase of work hours, increase or decrease of radiation exposure for other reasons ?
☐Likely to Decrease or Stay the Same
☐Likely to Increase (estimated radiation dose and the cause:)

Ⅲ] Subjective symptoms: Provide any concerns about your health attributable to radiation-related work.
☐None
☐Yes (Specifically:)

Please check box below, if applicable
☐ 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.

☐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 ?
☐Yes ☐No

Ⅱ]Reasons for taking special medical examination
☐Gained RI/X-ray Qualification to engage in radiation-related work
To take ☐RI training ☐X-ray training ☐Department practical training
* You should engage in radiation-related work within a year, when the examination is valid.
☐ I take the medical examination for _____

☐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 ?
☐Yes ☐No

Ⅱ]Reasons for taking special medical examination
☐3rd-class (X-ray) Qualification holder, additionally aquired RI Qualification and will change to 1st-class Qualification holder
☐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 ☐No ☐Yes (Specifically:)
Subjective symptoms ☐No ☐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)
☐Examined (Skin・Eyes・Blood) ☐Not necessary (Skin・Eyes・Blood) ☐Not examined

Please check either box below
☐Work from last year ☐Work from this year
☐Last work: Year Month ～ Year Month

Previous amount of radiation exposure（after last special medical examination） if ☆, enter collective	Effective dose	Eye	Skin	Female abdomen
	☐Not detected ☐ mSv	☐Not detected ☐ mSv	☐Not detected ☐ mSv	☐Not detected ☐ mSv
	☐Not engaged after last examination (Last year examination Year)			

Past exposure history ☐No ☐Yes
Enter work place, tasks, period, exposure amount, presence or absence of radiation injury and subjective symptoms, and other radiation exposure circumstances.

Special Notes

This year expected radiation exposure: possible more than 5mS ☐No ☐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	☐Necessary	☐Not necessary		
		☐Necessary	NU health adiministration office Others（ ）	☐No abnomalities ☐Follow-up examination ☐Treatment necessary Heisei Year Month Day Doctor's Name Seal
Eye screening	Same as above	☐Not necessary		
		☐Necessary	NU health adiministration office Others（ ）	☐No abnomalities ☐Follow-up examination ☐Treatment necessary Heisei Year Month Day Doctor's Name Seal
Blood test	Same as above	☐Not necessary		
		☐Necessary	NU health adiministration office Others（ ）	Result (attachment) to be reported later Heisei Year Month Day Doctor's Name Seal

Heisei Year Month Day

NU health administraion 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