

Fill in a Japanese version referring to an English version.

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				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 <input type="checkbox"/> Yes (Former affiliation:)	
Phone No. (to contact during the day, ext. No.)							

Folding Prohibited

Storage Required

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

<p><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</p> <p>I]Have you taken this year's spring periodic medical examination ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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:)</p> <p>②Planned work place <input type="checkbox"/> On Campus (Specifically:) <input type="checkbox"/> Outside Campus (Specifically:)</p> <p>③Change of work place <input type="checkbox"/> No <input type="checkbox"/> Yes (Specifically:)</p> <p>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:)</p> <p>III]Subjective symptoms: Provide any concerns about your health attributable to radiation-related work. <input type="checkbox"/> None <input type="checkbox"/> Yes (Specifically:)</p> <p>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.</p>	<p><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.</p> <p>I]Have you taken this year's spring periodic medical examination ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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 _____</p> <p><input type="checkbox"/> Additional RI qualification holder new in Nagoya University but Engaged in others before</p> <p>※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.</p> <p>I]Have you taken this year's spring periodic medical examination ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>II]Reasons for taking special medical examination <input type="checkbox"/> 3rd-class (X-ray) Qualification holder, additionally acquired 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.</p> <p>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:)</p>
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Required to store this form and blood test result, if applicable
Required for radiation-related workers

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) <input type="checkbox"/> Examined <input type="checkbox"/> Not necessary <input type="checkbox"/> Not examined (Skin·Eyes·Blood) (Skin·Eyes·Blood)				Please check either box below <input type="checkbox"/> Work from last year <input type="checkbox"/> Work from this year <input type="checkbox"/> Last work: Year Month ~ Year Month			
Previous amount of radiation exposure (after last special medical examination) if ☆, enter collective amount	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"/> No <input type="checkbox"/> Yes		
	<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			
This year expected radiation exposure: possible more than 5mSv <input type="checkbox"/> No <input type="checkbox"/> Yes				Special Notes			
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