

個人線量計番号：_____.

Application for Registration as a Radiation Worker

To High Energy Accelerator Research Organization (KEK)

Applicant's entry form

Date _____ (YYYY/MM/DD)			
Department Head			
Name _____ (Signature or Seal)			
I request that the following person registered as a Radiation Worker at KEK.			
Name [Japanese Katakana**] <small>**Ask a Japanese staff</small>	Last [_____]	First [_____]	Middle [_____]
Date of Birth (YYYY/MM/DD)		Gender	Male / Female
			Experience as a Radiation Worker* Yes / No
Affiliation		Position	
Primary Work Location			
Classification within KEK	<input type="checkbox"/> Staff / <input type="checkbox"/> KEK Student / <input type="checkbox"/> Special Research Student / <input type="checkbox"/> Fellow of the Japan Society for the Promotion of Science / <input type="checkbox"/> Foreign Research Fellow of the Japan Society for the Promotion of Science / <input type="checkbox"/> Short-term Invited Researcher from Overseas / <input type="checkbox"/> Cooperative Researcher with no affiliated institution / <input type="checkbox"/> Others (_____)		
*If the applicant has been registered as a Radiation Worker at previous affiliation, attach the exposure records from the most recent registration institution. If the applicant is registered as a Radiation Worker with more than one affiliation, include all exposure records in it.			

被ばく歴確認

放射線管理室長 _____ (自署又は印)

健康診断確認

健康管理者 _____ (自署又は印)

放射線取扱主任者 殿

上記の認定願を承認しましたので通知します。

機構長 _____ (自署又は印)

放射線管理室記入欄

4号受領日	
教育訓練日	
健康相談室宛送付日	
線量計発給開始日	

健康相談室記入欄

健診案内日	
受診日	
結果受領日	
管理者承認日	