

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.					
<b>Name &amp; [**Japanese Katakana]</b> <small>**Ask a Japanese staff</small>	Last [** ]	First [** ]	Middle [** ]		
<b>Date of Birth</b> (YYYY/MM/DD)		<b>Gender</b>	Male / Female	<b>Experience as a Radiation Worker*</b>	Yes / No
<b>Affiliation</b>			<b>Position</b>		
<b>Primary Work Location</b>					
<b>Classification within KEK</b>	<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	