

# Certificate (rev2022Apr)

1. Name of applicant: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

2. Sex: \_\_\_\_\_

3. Date of birth: \_\_\_\_\_(year/month/day)

4. Institution: \_\_\_\_\_

5. Period(s) of exposure: from \_\_\_\_\_(year/month)

**6. Individual Dose Records (Please fill in relevant items.):**

Effective dose for the past four years*1		Dose of 2022/Apr - present		Dose of current Quarter (Only for Woman)
2018/Apr - 2019/Mar	mSv	Effective dose	( mSv X)*2	mSv
2019/Apr - 2020/Mar	mSv	Equivalent dose of skin	mSv	For a pregnant woman, please attach the dose records after declation of pregnancy. Attachment <input type="checkbox"/> Yes · <input type="checkbox"/> No
2020/Apr - 2021/Mar	mSv	Equivalent dose of lens of the eye	mSv	
2021/Apr - 2022/Mar	mSv	Other	mSv	
		( )		

\*1 The Japanese law defines the period between April to March, i.e. fiscal year.

\*2 "X": The number of records less than detection limit.

**7. Medical examination\*:** .....  
 The applicant received a medical examination as required. : No / Yes

Any restrictions? : No / Yes ( )

**8. Training in radiation protection\*:** .....  
 The applicant attended training in radiation protection as required. No / Yes  
 He/ She has sufficient knowledge on radiation protection. : No / Yes

\* Please ensure all questions are answered.

If you have any questions, please contact the person in charge of the acceptance.

..... ✱ ..... ✱ ..... ✱ ..... ✱ .....  
 The applicant was a registered worker in radiation-controlled areas at our institution.

I consent that the applicant can work in radiation-controlled areas at the National Institutes for Quantum and Radiological Science and Technology (QST), JAPAN.

I herewith certify that the above statement is correct.

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Section and Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_