

Certificate (rev2021Apr)

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 2021/Apr - present		Dose of current Quarter (Only for Woman)
2017/Apr - 2018/Mar	mSv	Effective dose	(mSv X)*2	mSv
2018/Apr - 2019/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
2019/Apr - 2020/Mar	mSv	Equivalent dose of lens of the eye	mSv	
2020/Apr - 2021/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.

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 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: _____.