Certificate (FY2024)

April 2024 - March 2025

**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 2024/Apr - present | | Dose of current Quarter (Only for Woman) |
| 2020/Apr  - 2021/Mar | mSv | Effective  dose | mSv  ( X)＊2 | mSv |
| 2021/Apr  - 2022/Mar | mSv | Equivalent  dose of skin | mSv | For a pregnant woman,please attach the dose records after  declation of pregnancy.  Attachment   * Yes　・□ No |
| 2022/Apr  - 2023/Mar | mSv | Equivalent dose of lens of the eye | mSv |
| 2023/Apr  - 2024/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 Science and Technology (QST), JAPAN.

I herewith certify that the above statement is correct.

**Signature:**  .

**Name:** .

**Section and Position:** .

**Date:** .