

- ① Effective dose limits according to Japanese laws are 100 mSv/5year and 50 mSv/year.
- Equivalent dose limits according to Japanese laws are Crystalline lens of eyes 150 mSv/year, Skin 500 mSv/year.
- ② If you had the medical examination within your own country, please mark “Yes”.
- ③ If you are legally permitted to handle radioactive materials and deal with radiation within your own country, please mark both “Yes”.

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.): ①

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 (X)*2	mSv	mSv
2018/Apr - 2019/Mar	mSv	Equivalent dose of skin	mSv	For a pregnant woman please attach the dose records after declaration 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*: ②
The applicant received a medical examination as required. : No / Yes.

Any restrictions? : No / Yes ()

8. Training in radiation protection*: ③
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: _____