

Form 1

Exposure Dose Management of Workers under Designated Dose Rate (Form)

1. Personal Identification Items

Name (Surname, Given name)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	(Day/Month/Year)
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2. Changes in the Personal Identification Items

Date	Change from	To

3. Personal Work History Log

Name of the Site	Employment Date	Resignation Date

4. Past Exposure History

Period (dd/mm/yyyy)	Work Description	Effective Dose
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		

5. Exposure History

(1) Measurement Period	Effective Dose		(3) Equivalent Dose	Name of the Workplace (Description of Work)
	External Dose	(2) Internal Dose		
/ / - / /				()
/ / - / /				()
/ / - / /				()
/ / - / /				()
/ / - / /				()
/ / - / /				()
/ / - / /				()
/ / - / /				()
/ / - / /				()
/ / - / /				()

Fill in the effective dose measured every 3 months (monthly for women (except those who were diagnosed with no possibility of pregnancy)) in (1).
 If the contract period terminates prior to the measurement date, fill in the effective dose of the period up to the termination date.
 Fill in the equivalent dose received on the surface of a pregnant woman's abdomen in (2).

6. Education History Log

Date	Conducted by	Description of Education (Activities, Courses)