

Medical Interview Sheet for Workers Engaged in Radiation-related Activities (Periodic)

– Please fill out the form after reading the precautions on the reverse side –

A. Personal Data		Entry Date	(mm/dd/yyyy)
Current enrolment (department/faculty/ organization/office)		Affiliation (Course/Department)	
(Name) kana		Contact ext.	
Name	Male / Female	Faculty or student ID No.	
Date of birth	(mm/dd/yyyy)	RI Registration No.(6digits) “only for registration no. holders”	

B. Physical conditions (Presence or absence of the subjective symptoms) (Please enter any symptoms that are considered attributable to the handling of radioactive materials and radiation.) (Multiple answers allowed)

1. Chronic & constitutional symptoms	<input type="checkbox"/> None <input type="checkbox"/> Tire easily <input type="checkbox"/> Feel dizzy when or while standing up <input type="checkbox"/> Develop fever easily <input type="checkbox"/> Lost weight suddenly
2. Digestive system symptoms	<input type="checkbox"/> None <input type="checkbox"/> Heartburn <input type="checkbox"/> Stomach pains <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Occasional bloody stools
3. Blood-related symptoms	<input type="checkbox"/> None <input type="checkbox"/> Difficulty stopping bleeding <input type="checkbox"/> Subcortical bleeding
4. Eye-related symptoms	<input type="checkbox"/> None <input type="checkbox"/> Blurred vision or difficulty seeing <input type="checkbox"/> Cataract (or cloudy crystalline lens) according to a doctor
5. Respiratory system symptoms	<input type="checkbox"/> None <input type="checkbox"/> Coughing fit and/or phlegm <input type="checkbox"/> Occasional bloody phlegm
6. Skin-related symptoms	<input type="checkbox"/> None <input type="checkbox"/> Easily injured <input type="checkbox"/> Thinner and smoother skin <input type="checkbox"/> Frequent rashes <input type="checkbox"/> Hair falls out easily <input type="checkbox"/> Hair becoming more pale <input type="checkbox"/> Fragile nails <input type="checkbox"/> Thicker nails <input type="checkbox"/> Vertical ridges on nails
7. Limb-related symptoms	<input type="checkbox"/> None <input type="checkbox"/> Occasional numb or painful limbs <input type="checkbox"/> Coldness in tips of limbs <input type="checkbox"/> Hands/fingers shaking or going numb <input type="checkbox"/> Swollen hands/fingers <input type="checkbox"/> Painful joints

D. Circumstances of Radiation Work (Please describe your physical condition after the last medical examination.)

18. Presence or absence of a history of exposure to radiation	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please check “Yes” when the effective dose or equivalent dose is 0.1 mSv or greater.) * Those who fall into “No” do not need to enter the items (19) to (28). * Those who fall into “Yes” should enter the items (19) to (28).		
19. Presence or absence of radiation injury	<input type="checkbox"/> Yes <input type="checkbox"/> No (Symptoms:)		
20. Location of your radiation-related operations			
21. Period of your radiation-related operations	(mm/yyyy) – (mm/yyyy)		
What did you handle in your radiation-related operations? (Multiple answers allowed)	22. (for those work in either the education/research field)	<input type="checkbox"/> None <input type="checkbox"/> Unsealed RIs <input type="checkbox"/> Sealed RIs <input type="checkbox"/> RI irradiation device <input type="checkbox"/> Radiation generator (synchrotron radiation, accelerator) <input type="checkbox"/> X-ray apparatus <input type="checkbox"/> User authentication device with display (ECD Gas Chromatography)	
	23. (for those work in the medical examination area)	<input type="checkbox"/> None <input type="checkbox"/> X-ray apparatus (angiography & yielding perspective images) <input type="checkbox"/> X-ray apparatus (general radiography, CT, etc.) <input type="checkbox"/> Linac equipment <input type="checkbox"/> Sealed RI irradiation device <input type="checkbox"/> RI ward (examination, treatment) <input type="checkbox"/> Unsealed RIs <input type="checkbox"/> Sealed RIs	
Accumulated exposure dose to date	24. Effective dose	<input type="checkbox"/> 5 mSv or less, or none.	<input type="checkbox"/> More than 5 mSv
	25. Eyes - Equivalent dose	<input type="checkbox"/> 20 mSv or less, or none.	<input type="checkbox"/> More than 20 mSv
	26. Skin - Equivalent dose	<input type="checkbox"/> 500 mSv or less, or none.	<input type="checkbox"/> More than 500 mSv
	27. Female abdomen - Equivalent dose	<input type="checkbox"/> 2 mSv or less, or none.	<input type="checkbox"/> More than 2 mSv
28. Changes in the handling of radiation materials on this year compared with previous year (Please estimate your exposure dose increase/decrease based on the details, amount, and frequency of your radiation-related operations.)		<input type="checkbox"/> Exposure dose will be same as or decrease from that of the last medical examination. <input type="checkbox"/> Exposure dose will increase.	

Those who work in either the education field or the research field do not need to enter the following information.

Those who work in the medical examination area should proceed to the (*) of item (E).

E. Results of medical interview, examination and screening (for physicians and health-care practitioners only)

* For skin and eye screening for those who work in the medical examination area, physicians of each clinical department should perform screening (medical examinations) and enter the date of screening, name of physician and findings.

Item	Necessity	Date of screening	Name of physician	Findings (specific abnormalities, if any)	
Medical Interview	<input checked="" type="checkbox"/> Necessary	(mm/dd/yyyy)	<input type="checkbox"/> Health-care practitioners	<input type="checkbox"/> No abnormality detected <input type="checkbox"/> Abnormality detected	(Findings)
Blood Test	<input type="checkbox"/> Necessary <input type="checkbox"/> Can be omitted	(mm/dd/yyyy)	<input type="checkbox"/> Health-care practitioners	<input type="checkbox"/> No abnormality detected <input type="checkbox"/> Abnormality detected	(Findings)
* Skin screening	<input type="checkbox"/> Necessary <input type="checkbox"/> Can be omitted	(mm/dd/yyyy)	<input type="checkbox"/> Physician () <input type="checkbox"/> Health-care practitioners	<input type="checkbox"/> No abnormality detected <input type="checkbox"/> Abnormality detected	(Findings) <input type="checkbox"/> Inflammation <input type="checkbox"/> Ulcer <input type="checkbox"/> Nail abnormality <input type="checkbox"/> Dryness or vertical wrinkles <input type="checkbox"/> Others ()
* Eye screening	<input type="checkbox"/> Necessary <input type="checkbox"/> Can be omitted	(mm/dd/yyyy)	<input type="checkbox"/> Physician () <input type="checkbox"/> Health-care practitioners	<input type="checkbox"/> No abnormality detected <input type="checkbox"/> Abnormality detected	(Findings) <input type="checkbox"/> Lens opacity <input type="checkbox"/> Others ()

F. Overall Assessment (Health-care practitioners only)

Overall Assessment	Date of Assessment	Name of health-care practitioner	Assessment(Health guidance classification)	Findings
	(mm/dd/yyyy)		<input type="checkbox"/> RA1 <input type="checkbox"/> RB1 <input type="checkbox"/> RB2 <input type="checkbox"/> RC1 <input type="checkbox"/> RC2 <input type="checkbox"/> RD2 <input type="checkbox"/> RD3	

*Exposure dose is confirmed by exposure manager and is submitted physicians the data over Predetermined dose.

Instructions on filling out the interview sheet

1. Please make sure to use the correct sheet, since there are two types of interview sheets: **“Before Entry”** and **“Periodic”**.

Type of Interview Sheet	Specific Examples	Time of Medical Examination
[Before entry] Health examination before entering a controlled area	Case 1: Persons, including those from other institutions, who registered as “Those Engaged in Radiation-related Work” Case 2: Persons who have registered as “Those Engaged in Radiation-related Work,” at another institution but for the first time at Kumamoto University Case 3: Persons who used to register as “Those Engaged in Radiation-related Work,” and will register again this time at Kumamoto University	(In principle) April/July/October/January * Every month for those who work in the medical examination area
[Periodic] Medical examination for staff who continue to work	Case 1: Persons who registered as “Those Engaged in Radiation-related Work” at Kumamoto University in the previous fiscal year Case 2: Persons registering for the first time this fiscal year, but this is not the first time for them to take the Health Examination for Those Engaged in Radiation-related Work • Persons who registered in April: Health Examinations in July and January • Persons who registered in July: Health Examination in January • Persons who registered in October: Health Examination in January	(In principle) July/January

2. Please confirm that there are no omissions.
3. Please write legibly, since the contents of the medical interview sheet are registered into a database using a PC.
4. Other

〈Health Guidance Classification〉

Classification	Details	Guidance
RA1	The worker must take a leave of absence from work, and requires medical treatment.	Absence from work required
RB1	The worker must not engage in tasks that expose him/her to radiation, and requires medical treatment.	Rest required
RB2	The worker must not engage in tasks that expose him/her to radiation.	Rest required
RC1	The worker can only engage in tasks that expose him/her to radiation to a limited extent, and needs medical treatment.	Caution needed
RC2	The worker can only engage in tasks that expose him/her to radiation to a limited extent.	Caution needed
RD2	The worker needs to undergo regular examinations by physicians.	No action required
RD3	No abnormality detected	No action required