



MEDICAL EXAMINATION REQUEST FORM FOR CANDIDATE FOR WORK WITH SOURCES OF IONIZING RADIATION

1. Particulars of candidate (to be completed by the candidate for work with sources of ionizing radiation)

First Name	Last Name	ID/Passport No.	Sex	Year of Birth
Position		Department		
Health Fund/Insurer	Office Phone Number	Home Phone Number		

2. Employment details (to be completed by the laboratory director)

Location at which the employee will be employed (building and room number)	Position	
Type of materials to which the employee will be exposed (name and concentration)		
The amount and frequency of use of the materials (hours per week)		
Remarks		
Name of direct supervisor	Position	Department
Phone number	Date	Signature

When the candidate has completed this form, the laboratory director will send it to the occupational medicine assistant in the Division for Human Resources in order to obtain a referral for a medical examination.