

DOSE REPORT

EU-citizens must always show their dose passports

Name (Surname, First name)	
Company/ Employer	
Date of birth (yymmdd)	<input type="checkbox"/> Male <input type="checkbox"/> Female

Medical certificate - Work involving ionizing radiation performed (YYMMDD)
Have you been working in radiological controlled areas before? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO please sign below
Have you received any occupational doses since last entry in your dose passport? <input type="checkbox"/> Yes <input type="checkbox"/> No

Fill in your doses:

Doses in mSv (Fill your doses in mSv until today. If no doses have been received mark with a zero (0))

Fill in doses in mSv received current year (when no record dose is available fill in estimated dose). Females must also fill in doses received December last year.					
Month	Dose	Estimated	Month	Dose	Estimated
December			July		
January			August		
February			September		
March			October		
April			November		
May			December		
June					

Fill in your doses in mSv for the preceding year :	
Year	Dose
Reported dose to the lens of the eye received current year. (*)	
* If available	

1 Rem = 1000 mRem = 10 mSv
 0,1 Rem = 100 mRem = 1,0 mSv
 0,01 Rem = 10 mRem = 0,1mSv
 0,001 Rem = 1 mRem = 0,01 mSv
 1 µJ = 0,1 Mrem = 0,001 mSv

Notes:	
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I hereby confirm that the information given is correct

Date
Signature
Name in block letters

This report is certified by the contractor management

Date
Signature
Name in block letters