## DOSE REPORT

# EU-citizens must always show their dose passports

Name (Surname, First name)	
Company/ Employer	
Date of birth (yymmdd)	Male Female
	Male

Radiological Medical Examination perfomed (yymmdd)					
Have you been working in radiological controlled areas	before?	Yes	□ N	lo l	f NO please sign below
Have you received any occupational doses since last entry in y	our dose pass	sport?		Yes	No

### Fill in the following dosage information:

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

	in doses in mSv received current year (when no record dose is available fill in imated dose). Females must also fill in doses received December last year.				Fill in doses <b>preceding y</b>	in mSv for the fou ears:	
Month	Dose	Estimated	Month	Dose	Estimated	Year	Dose
December			July				
January			August				
February			September				
March			October				
April			November			Lifetime	
May			December			dose up to date	
June						date	

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	
5	
Name in block letters	