*To be returned to the Medical Department of SCK CEN at the latest 5 working days before accessing the technical site of SCK CEN.*

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| *By mail to :* |  | **The Medical Department****SCK CEN****Nuclear Research Centre****Boeretang 200****B-2400 MOL** |
| *E-mail :**Fax :****For information: Tel:*** |  | medical@sckcen.be+ 32 14 32 10 40**+ 32 14 33 28 09** |
| **A. Identification of the Internal/External Prevention Service – Medical Surveillance :** |
| Name : |       |
| Address : |       |
| Tel. : |       |
| Fax : |       |
| Responsible physician : |       |

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| **B. Identification of the employee/employer :** |
| Surname and name : |       |
| Place and date of birth : |       |
| Name and address (Employer) : |       |

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| **C. Possible changes since the previous reported records :** |
| Medical history, surgical interventions, occupational accidents, accidental irradiations and radioactive contaminations, medical examinations and treatments with ionising radiation, possible restrictions, if any, regarding fitness for work (incl. pregnancy) :       |

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| **D. Medical examination and Blood Analysis :** |
| Date previous medical examination : |       |
| Summary of conclusions : |       |
|  |  |
|  |  |
| Date last blood analysis (enclose protocol as annex) :       |
| NOTE: WHEN EMPLOYED IN CONTROLLED AREAS, THE VALIDITY OF THE BLOOD ANALYSIS IS RESTRICTED TO A PERIOD OF 6 MONTHS  |

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| Name physician | Date | Signature and stamp |
|       |       |  |
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