*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 :*  ***Telephone number :*** |  | [medical@sckcen.be](mailto:medical@sckcen.be)  + 32 14 32 10 40  **+ 32 14 33 28 09** |

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| **A. Identification of the Internal/External Prevention Service - Medical Surveillance :** | |
| Name : |  |
| Address : |  |
| Phone : |  |
| Fax : |  |
| Responsible physician : |  |

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

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| **C. Medical history :** |
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| **D. Surgical interventions :** |
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| **E. Occupational accidents/accidental irradiations and radioactive contaminations, if any :** |
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| **F. Medical examinations and treatments using ionizing radiations :** |
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| **G. Professional history regarding exposure to ionizing radiations :** |
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| **H. Medical examination :** | |
| Date of last examination : |  |
| * Summary of conclusions : |  |
|  | |
| * Possible restrictions concerning aptitude : | |
| * for using pressure suits or other (respiratory) protection equipment : | |
| * for performing safety-related duties : | |

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| **I. Pregnancy and breast feeding :** |
| Female employees need to be informed about restrictions regarding pregnancy and breast feeding, in which case the Occupational Health Department of SCK CEN must be contacted. |

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| **J. 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 ! | | | | | | |
| Date : |  | | | Hb : |  | g % |
|  | |  | | RBC : |  | /mm³ |
|  | |  | | Trombocytes : |  | /mm³ |
|  | |  | | Reticulocytes : |  | ‰ |
| Leucocytes : | |  | | /mm³ |  |  |
| Formula leucocytes | | | Neutr : |  | % | |
|  | | | Ly : |  | % | |
|  | | | Eo : |  | % | |
|  | | | Baso : |  | % | |
|  | | | Mono : |  | % | |

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