*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](mailto: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 : |  | | |

|  |  |
| --- | --- |
| **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) : |

|  |  |
| --- | --- |
| **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 | |

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