

**DEPARTMENT OF HEALTH
DIRECTORATE: RADIATION CONTROL**

**RECORD OF PREVIOUS OCCUPATIONAL EXPOSURE TO IONISING
RADIATION**

IDENTIFICATION OF RADIATION WORKER

1. Surname 2. First names
3. Date of birth 4. Male or female
5. Occupation
6. Identity number 7. SABS control number

RECORD OF PREVIOUS OCCUPATIONAL EXPOSURE

8. Previous employment involving radiation (names and addresses of previous employers including selfemployment)	Period of employment (from..... to	Dose equivalent to whole body (mSv)
9. Emergency or accidental over-exposure	Date	Dose equivalent received (mSv)

10. Accumulated occupational dose equivalent (items 8 and 9) (mSv)

11. Details of doses to the hands, eyes, feet, ankles, etc. and the approximate dose equivalents due to inhalation or ingestion of radioactive nuclides (if applicable).

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12. Name and address of employer

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I hereby declare that the information given above is true and complete.

SIGNATURE

DATE

NAME (Block letters)

DESIGNATION

