

DEPARTMENT OF HEALTH
DIRECTORATE: RADIATION CONTROL

REGISTRATION OF RADIATION WORKER

For newly employed radiation workers, items A, C and D of this record must be completed. On resignation the holder must supply the worker with a similar record of which items A, B and D must be completed. Prior to re-employment the radiation worker shall furnish the licence holder with this record for entry in his register.

Name and address of licence holder:

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Tel No:..... Fax No:.....

A. PARTICULARS OF RADIATION WORKER

Surname..... Identity No.....

Full first names.....

Date of Birth..... Sex.....

Occupation..... SABS Monitor No (BIN).....

Scope of radiation work:

Full-time Part-time

Date of initial employment..... Date of present employment.....

Academic qualifications and any relevant training and experience

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B. RECORD OF SERVICE

Date of resignation..... Date of last medical examination.....

Lifetime accumulated dose equivalent..... Date of last radiation dose measurement.....

Medical reasons for termination of service (if applicable)

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Any other applicable remarks.....

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C DECLARATION BY APPOINTED DOCTOR

I consider the above-mentioned person as being in good health and free from any physical or mental defect, disease or infirmity, which would be likely to interfere with the proper performance of his/her duties as radiation worker.

Signature..... Date.....

D DECLARATION BY LICENCE HOLDER

I declare that the aforementioned information is true and correct to the best of my knowledge.

Signature..... Date.....