

DEPARTMENT OF HEALTH

DIRECTORATE: RADIATION CONTROL

MEDICAL REPORT ON RADIATION WORKER

N.B. – See reverse side for instructions

A. IDENTIFICATION OF WORKER

Surname: Identity No:

Full first names:

B. EXAMINATION Blood

Red-cell count White-cell count

Platelets Haemoglobin

Differential White-cell count

(1) Granulocytes:(a) Neutrophiles (b) Eosinophiles..... (c) Basophiles

(2) Monocytes (3) Lymphocytes.....

Abnormal cells

.....

Eyes

Lens Visual fields

Urine

Albumin Sugar Microscopic

Radioactivity in urine (if necessary)

Hands

Telangiectasia Hyperkeratosis Atrophy

Sweat-glands Hair Nails

C. PURPOSE OF EXAMINATION

(e.g. pre-employment, routine, radiation occurrence, etc.)

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D. SPECIAL EXAMINATIONS IF NECESSARY, AND OTHER RELEVANT REMARKS

.....

.....

E. DECLARATION BY APPOINTED DOCTOR

Do you consider that the above-mentioned person is 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?

Yes No (If "No" give further details on separate sheet of paper)

Name (in block letters)

.....
Signature

.....
Date

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM

1. A separate form must be completed by the appointed doctor for each medical examination.
2. The register prescribed in regulation III 4 (a) contains the information herein reflected together with that in Sections I and III and in terms of the provisions must be preserved as such and be available for inspection.
3. Enter the complete blood count, and, should any abnormal cells or fragments be discovered, indicate the finding in the space marked " abnormal cells".
4. At the discretion of the appointed doctor, a further examination may be carried out, in which case all details are to be entered, e.g. the results of an examination of the blood-forming bone marrow.

DEPARTEMENT VAN GESONDHEID

DIREKTORAAT: STRALINGSBEHEER

GENEESKUNDIGE VERSLAG OOR STRALINGSWERKER

L.W. – Sien keersy vir instruksies

A. IDENTIFIKASIE VAN STRALINGSWERKER

Familienaam: Identiteitsnommer

Volle voorname:

B. ONDERSOEK

Bloed

Roiseltelling Witseltelling.....

Plaatjies Hemoglobien

Differensiële Witseltelling

(1) Granulosiete: (a) Neutrofiele (b) Eosinofiele..... (c) Basofiele

(2) Monosiete (3) Lymfosiete.....

Abnormale selle

.....

Oë

Ooglens Gesigsvelde

Urine

Albumien Suiker Mikroskopies

Radioaktiwiteit in urine (indien nodig)

Hande

Telaangiëktasie Hiperkeratose Atrofie

Sweetkliere Hare Naels

C. REDE VIR ONDERSOEK

(Bv. Voor indiensneming, roetine, stralingsvoorval, ens).....

.....

D. SPESIALE ONDERSOEKE INDIEN NODIG EN ENIGE ANDER TOEPASLIKE OPMERKINGS

.....

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E. VERKLARING DEUR AANGESTELDE GENEESHEER

Is u daarvan oortuig dat bogenoemde persoon goeie gesondheid geniet en vry van enige liggaams- of verstandsgereb, siekte of swakheid is wat hom/haar moontlik in die behoorlike uitvoering van sy/haar pligte as 'n stralingswerker kan strem?

Ja Nee (Indien "Nee" verstrek verdere besonderhede op 'n aparte vel papier)

Naam (in blokletters)

.....
Handtekening

.....
Datum

INSTRUKSIES VIR DIE INVULLING VAN HIERDIE VORM

1. 'n Aparte vorm moet vir elke mediese ondersoek deur die aangestelde geneesheer ingevul word.
2. Die register wat in regulasie III 4 (a) voorgeskryf is, bevat die inligting hierin weerspieël, saam met dié in Seksies I en III, en moet as sodanig ooreenkomstig die voorwaardes bewaar word en beskikbaar wees vir inspeksie.
3. Meld die volledige bloedtelling, en as daar enige abnormale selle of fragmente ontdek word, skryf in die oopruimte gemerk "abnormale selle" in wat die bevinding is.
4. Indien die aangestelde geneesheer dit goedvind, kan 'n verdere ondersoek gedoen word en dan moet alle besonderhede ingevul word, bv. die uitslag van 'n ondersoek van die bloedvormende beenmurg.