**CERTIFICATE OF ADMISSION TO WORK**

**UNDER CONDITIONS OF EXPOSURE TO IONIZING RADIATION**

I certify that Mr/Ms: ………………………………………….

**First name and last name** ……………………….

**Date of birth** ……………………….

is an employee / student / other role (what?) …………………………………………

………………………………………………………………………………………………………………………. (name of home institution)

working under conditions of exposure to ionizing radiation under the supervision of the Radiation Protection Officer.

**Has been classified in exposure category** **A / B**.

In the last 3 years, received a dose of ……….

Received the necessary information and training in the field of radiological protection at the home institution – date of training …………………………

**Medical certificate validity date:** …………………….

**Name, surname and e-mail address of the person responsible for radiological protection at the home institution**: …………………………………………………………………………………………………………………

……………………………… ……………………………………

**Date** **Signature**