

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?) of

.....
(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