

## 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**