

Application Form for dosimetry control at ChNPP

Please complete and return back the form at least ten (10) days prior to your visit

A. Visitor		B. Visitor's Employer
Family name:		Organization:
Name:		Division (if any):
Middle name:		Address:
Male: <input type="checkbox"/>	Position:	Contact person:
Female* <input type="checkbox"/>		
<u>* Pregnancy and breast-feeding is contraindicated for ChNPP site visit</u>		Phone No.:
Date of birth**: day/month/year		E-mail***:
<u>** Persons under 18 are not allowed to ChNPP site</u>		<u>***Mandatory form field, please type or print</u>
Passport series and number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Citizenship:		

Is the visitor classified as a staff group dealing with ionizing radiation sources?
YES: <input type="checkbox"/> Complete Section D
NO: <input type="checkbox"/> Complete Section C

C. Not classified as a staff group dealing with ionizing radiation sources	D. Classified as a staff group dealing with ionizing radiation sources
<input type="checkbox"/> Candidate received a dose less than 0.9 mSv for current calendar year	Staff category (for Ukrainian citizens) A <input type="checkbox"/> B <input type="checkbox"/>
<input type="checkbox"/> Dose received by the candidate for current calendar year exceeds 0.9 mSv and constitutes _____ mSv	Dose received for current year: _____ mSv
	Dose received for last 5 years, including current year: _____ mSv

Date of last medical examination: _____
Do you confirm that you have no medical contradictions for visiting the ionizing radiation area? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please indicate your clothing size _____, shoes size _____
Do you need an official certificate on external radiation dose received during your stay at ChNPP?***** Yes <input type="checkbox"/> No <input type="checkbox"/> <u>***** Scanned certificate copy will be sent to the e-mail address indicated above</u>
I verified and do confirm that all information provided in this form is correct. I hereby give my consent to process my personal data contained in this form as public information exclusively for the purpose of personal dosimetry control, by the following handwritten signature. SIGNATURE..... (Visitor) DATE.....
Received and processed by the representative of Personal Radiation Monitoring Laboratory of ChNPP Radiation Safety Shop _____