



FORM M-P
REQUEST FOR PREVENTIVE MEDICAL EXAMINATION OF D. LGS. NO. 101/2020

Date _____

- **Structure name:** _____

- **Section:** _____
- **Address:** _____

I hereby, the following personnel are requested to undergo a preventive medical examination, as they are to perform activities involving exposure to ionising radiation:

Nome e Surname	Qualification (1)	Classification of workers in case of eligibility (2)
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With a subsequent communication, this Office will be notified of the date when the above-mentioned personnel will actually start work.

Signature of the Radiation Protection Expert:

Signature of the Facility Director:

Signature of Worker:

Notes:

- (1) Report the qualification of the radio-exposed personnel: lecturer, technical-administrative staff, student, research grant holder, trainee, graduate student, doctoral student, guest (specifying the Body/Company to which they belong).
- (2) Exposed Category A worker, exposed Category B worker.