**FORM M-P**

**REQUEST FOR PREVENTIVE MEDICAL EXAMINATION OF D. LGS. NO. 101/2020**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Structure name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 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)

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.