



FORM M-C
REQUEST FOR CLOSURE MEDICAL EXAMINATION
FOR PERSONNEL EXPOSED TO IONISING RADIATION

Date _____

- **Structure name:** _____

- **Section:** _____

- **Address:** _____

I hereby, is requested to submit the listed below staff at the scheduled medical check-up:

Name and Surname	Qualification(1)	Classification of the Activity (2)	Date of termination of workers (3)
------------------	------------------	---------------------------------------	---------------------------------------

Signature of the Radiation Protection Expert:

Signature of the Director of the facility:

Signature of Worker:

Notes:

- (1) Report the qualification of the radio-exposed personnel: teacher, technical-administrative staff, student, research grant holder, post graduate student, trainee, graduate student, doctoral student, guest speaker (specifying the Body/Company to which they belong).

(2) Indicate the classification of the personnel: exposed Category A worker, exposed Category B worker.

(3) Indicate the date of effective termination of the activity involving exposure to ionising radiation, specifying whether, at the same time, the employment relationship will be terminated.