

FY 2025 1st Specialized Medical Examination for Student Who Handle
Radioactive Materials (for Category 1 Students)

Students' health will be examined via a questionnaire, and physical examinations following the making of reservations. Please make a reservation online after responding to the medical questionnaire first within the prescribed period. Please note that if you do not respond to the medical questionnaire within the prescribed period, you not be able to undergo the medical examination. If you have already completed the web questionnaire for Category 2 or Category 3 in April of this year, you do not need to complete it again.

1. Period.to complete the questionnaire and make a reservation.

Monday, May 19 - Tuesday, May 27



◆◆◆◆◆Online Questionnaire◆◆◆◆◆

<https://forms.gle/Fm69ZGd7yWLmMFb69>

Please be sure to log in to both of these sites using your student DC email account.

Refer to the next page for how to respond.

◆◆◆◆◆Online Reservations◆◆◆◆◆

https://web.star7.jp/mypage/mobile_info.php?p=086602b44f

After you register, a confirmation email will be sent from kenshin@star7.jp.

Capacity is limited for each time slot.

Please make your reservation for a convenient date and time as soon as possible.

*If you have needs you wish to be accommodated, please contact us via email instead of making a reservation online.

(hairyo-kenshin@grp.tohoku.ac.jp, by **Tuesday, May 27**)



2. Details of the Medical Examination

Date and time: June 2 (Monday) to 6 (Friday)

9:40 am - 11:00 am (Reservation required)

Examinations: Skin tests, eye examinations, blood tests (red blood cells count/ white blood cells count/ hemoglobin/ hematocrit level)

Venue: Student Health Care Center (Kawauchi Kita Campus)

What you need to bring: 1. Your student ID Card (**Digital student ID cards are not accepted**)
2. A smartphone, tablet, etc. (to confirm that you have complete the medical questionnaire and made an online reservation.)
3. Those whose previous result was "Follow-up Required" should bring the original results from their previous medical examination.

3. Notification of results

Results will be sent to the appropriate department by mid-June.

4. Other matters

Please arrive on time. Please note that if you are late, you will not be examined. Please also note that if you are unable to prove that you have responded to the online questionnaire within the specified period, you may not be able to undergo an examination.

Inquiries
Sachiko Yashima, Student Health Care Center
022-795-7836(Kawauchi 92-7836)
kenshin_housya@grp.tohoku.ac.jp

放射線取扱学生特殊健康診断問診票(A)区分 1 /Medical Questionnaire for Specialized Medical Examination for Students who Handle Radioactive Materials(A)

注意1: この問診票の回答は必ずDCメール (例 XXXX.XXXX.XX@dc.tohoku.ac.jp) でログインして回答してください。教員・職員メール (例 XXXX.XXXX.XX@tohoku.ac.jp) でログインして回答しないでください。このフォームでは、すべての回答者からのメールアドレスが自動的に収集されます。Note 1: Please be sure to log in and answer this questionnaire via your DC email (e.g. XXXX.XXXX.XX@dc.tohoku.ac.jp). Do not log in to answer this questionnaire using your faculty/staff email (e.g. XXXX.XXXX.XX@tohoku.ac.jp). This form automatically collects email address from all respondents.

必ず本学**学生用のDCメール**でご回答ください。教職員用メールアドレスをお持ちの方は、ご注意ください。
Please be sure to respond **via student DC email**. Do not use faculty/staff email addresses.

@tohoku.ac.jp アカウントを切り替える

* 必須の質問です

メール *

☐ 返信に表示するメールアドレスとして @tohoku.ac.jp を記録する

DC メールアドレスではない場合、アカウントを切り替えてDC メールアドレスに変更してください。
If it is not **via student DC email address**, please switch your account to DC email address.

1. 学籍番号を記載してください(半角英数)/Please enter your student ID* (half-width alphanumeric)

回答を入力

半角英数で、健康診断時点での学籍番号をご記入ください。
Please enter your student ID number as of the time of the medical checkup.

3. 以前の大学・研究室での被ばく歴も含めて過去に被ばく歴はありますか /Do you have a history of radiation exposure to date?

☐ はい/YES

☐ いいえ/NO

過去に放射線被ばく歴がある場合は「はい」を選んでください。被ばくの記憶がない場合は「いいえ」を選んでください。
Select “Yes” if you were exposed to radiation in the past. If you have no memory of being exposed to radiation, please select “No”.

4-2. 被ばくのあった作業の内容を選んでください/Please select the work that has been done in that exposure history. (複数選択可/Multiple selections possible)

☐ X線発生装置/X-ray generator

☐ 非密封RI/Unsealed radioisotope

☐ 密封RI/Sealed radioisotope

☐ 加速器/Accelerator

☐ SOR

☐ その他/Others

作業内容を忘れた場合は、「その他/Others」を選択してください。
If you have forgotten the work, please select “その他/Others”.

4-3. 被ばくのあった作業期間を記載してください(半角英数) /Please describe the period of work during which you had that exposure history. (half-width alphanumeric)

記載例: dd/mm/yyyy~dd/mm/yyyy

回答を入力

期間がご不明な場合は、2020~2021 のように、おおよその西暦年のみを記入してください。
In the time period is ambiguous, please enter just the approximate year, e.g., 2020-2021.

5-0. あなたは新規に「放射線取扱者」登録申請をしますか? /Are you applying for a new “Radiation Handler” registration?

☐ はい/YES

☐ いいえ/NO

前回の放射線取扱学生特殊健康診断で「要経過観察者」と判定された方は、「いいえ」になります。
For those who have been judged as “person requiring observation” in the last specialized medical examination, the answer to this question is “No”.