

FY 2023 2nd Specialized Medical Examination for Students 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 may not be able to undergo the medical examination.

1. Period to complete the questionnaire and make a reservation:
Wednesday, November 15 - Thursday, November 23

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

<p>◆◆◆◆◆Online Questionnaire (WEB問診)◆◆◆◆◆</p> <p>https://forms.gle/BeinLwgzvPgPH4nc8</p>  <p>Please refer to the next page for how to respond.</p>
<p>◆◆◆◆◆Online Reservations (net予約)◆◆◆◆◆</p> <p>https://web.star7.jp/mypage/mobile_info.php?p=086602b44f</p> <p>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 11/20.)</p> 

2. Details of the Medical Examination

- Date and time: November 28 (Tuesday) to 30 (Thursday)
9:40 am - 11:00 am (reservation required)
- Examinations: Skin tests, eye examinations, blood tests(Red blood cell count/white blood cell count/hemoglobin/hematocrit level)
- Location: Student Health Care Center (Kawauchi Kita Campus)
- What you need to bring:
1. Your Student ID Card
 2. A smartphone, tablet, etc. (to confirm that you have completed 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 returned to the appropriate department by mid-December.

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:

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放射線取扱学生特殊健康診断問診票(A)
/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 XXX.XXX.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 XXX.XXX.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. XXX.XXX.XX@dc.tohoku.ac.jp). Do not log in to answer this questionnaire using your faculty/staff email (e.g. XXX.XXX.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。教職員メールをお持ちの方は、ご注意ください。

Please be sure to respond **using your student DC email account**. Do not use a faculty/staff email address.

1. 学籍番号記載ください(半角英数)/Please enter your student ID* (half-width alphanumeric)

回答を入力

半角英数で、11月健診時点での学籍番号を記入ください。
Please enter your student ID number at the time of the November medical checkup.

2. 連絡先携帯電話番号 (半角英数) / Contact Mobile Phone Number (half-width alphanumeric)

↑再検査が必要な場合の連絡先になります。携帯電話がない場合は、ラボの内線電話番号を記入ください。This is the means of communication in case a re-inspection is necessary. If you do not have a cellular phone, please provide the lab's extension number.

回答を入力

3. 過去に被曝歴はありますか (以前の大学・研究室で放射線を取り扱うような作業をされたことがございますか) /Do you have a history of radiation exposure to date (Have you ever worked with radiation in a previous university or laboratory?)?

- はい/YES
 いいえ/NO

過去に放射線被ばくを受ける環境にいた場合は「はい」を選んでください。被曝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".

3-1. その被曝のあった作業場所を記入してください/ Please indicate the work location where the exposure history occurred.

*不明の場合記載不要/Not required if unknown

記載例: OO大学/OO研究所/ RI 実験室, OOUniversity/OO Laboratory/RI Laboratory

回答を入力

3-2. その被曝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 you were involved in, please select "その他/Others".

3-3. その被ばく歴のあった作業期間を記載ください (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

期間があやふやな場合は、2020~2021のようにだいたいの西暦年だけでも記入してください。

If you are uncertain of the time period, please enter just the approximate years, e.g., 2020-2021.

4-0. 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」と判定された者は**“いいえ”**になります。

For those whose previous result after the last specialized medical examination was "Follow-up Required", the answer to this question is **"No"**.