



ID CERN: _____
NOM: _____

PRENOM(S): _____

DATE DE NAISSANCE: _____
DATE D'EXAMEN: _____
DATE FIN DE VALIDITE: _____

MEDICAL CERTIFICATE USER

As a result of the medical examination performed on:

CERN ID (if already attributed) _____

Name (as in passport) _____

First name(s) _____

Date of birth (day/month/year, in figures) _____

Name of institute _____

I hereby declare that he/she:

MAY BE ADMITTED to radiation areas with work which can comprise a professional exposure to the ionizing radiation.

(N.B.: except explicit restriction, the period of validity of aptitude is 24 months as from the date of examination or 12 months if CERN decides to classify the person to category A)

MAY BE ADMITTED BUT WITH RESTRICTION: (please precise)

SHOULD NOT BE ADMITTED to radiation areas

Date of examination
(day/month/year, in figures)

Signature and stamp of Medical Practitioner

NOTE TO THE MEDICAL PRACTITIONER

- 1) This examination is essential to ensure that there is no medical contraindication which would prevent this person from being exposed to ionizing radiation during the exercise of his/her profession.
- 2) The examination should include a clinical and hematological examination (red and white cells, platelets, differential count).
- 3) The medical certificate must be given by the person or his/her representative to Dosimetry Service (55-R-004) of the CERN for the delivery of the dosimeter.

P.S: These examinations are not paid by CERN