

Issue no:01

Date of issue: 2010.09.16

PERSONAL MONITORING SERVICE

SRI LANKA ATOMIC ENERGY BOARD

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PERSONAL DATA OF RADIATION WORKER

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			Radiologist Scientist /Researcher Radiation Therapist Cardiologist Medical Physicist Medical Technologist														☐ Technical Officer													
					etist					Off						g sta							Assistant							
		Surgeon Other (Specify)																												
11	11. Type of the facility where the applicant works and /or type of radiation equipment/source used by the applicant (Mark 'x' in applicable box)											cant																		
		X-ray (General) Radiotherapy Industrial Irradiators													Self-sealed Irradiator															
			Dental Radiography Iodine Therapy Industrial Radiography														Research													
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12. Are you involved in interven	tional Radiological Proced	lures? (Applicable to	person working in Medical	Sector)	Yes No		
13. (a.) Have you worked with r	adiation prior to joining th	e institution you a	re currently working	for?	Yes No		
(b).If the answer is "Yes",duration	n of work:	Y M M D	D to Y Y Y	Y M M	D D		
14. (a.) Have you availed the per If the answer is "Yes", plea (In case of more than 4 institu	se provide the informati	on requested in th	he table below.	Yes No			
Department/Section/Lab (previously worked in Sri	Name and address of the Hospital / Institute	Institute No. (Assigned by PMS	Personal No. (Assigned by PMS of	Duration of work			
Lanka or abroad)	(previously worked in Sri Lanka Or abroad)	of SLAEB if applicable)	SLAEB if applicable).	From	То		
 I do hereby declare that the I hereby agree to abide by Service (PMS) of the Sri La I am aware that misuse of the 	y the rules/regulations, ter nka Atomic Energy Board (rms & conditions, (SLAEB).	and instructions of P	_			
5. I am aware that misuse of the	ie 1LD may result to termi		LAED				
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Signature of the Radiation Wo			Mobile No: Email:				
_	e: Dr./Mr./Mrs./Miss./	Date: .	Mobile No: Email:		is an		
17. For the Head of the institut I hereby certify that Prof	e: Dr./Mr./Mrs./Miss./ nstitution and involved in	Date:	Mobile No: Email:	 1.			
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17. For the Head of the institut I hereby certify that Profee employee of the above said i Name of the Head of the Inst Signature of the Head: Tel: (official)	e: Dr./Mr./Mrs./Miss./ nstitution and involved in itution/Department:	Date:	Mobile No: Email:with ionizing radiation	 1.			

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