

12. Are you involved in Interventional Radiological Procedures? (Applicable to person working in Medical Sector) ☐ Yes

☐ No

13. (a.) Have you worked with radiation prior to joining the institution you are currently working for?

☐ Yes

☐ No

(b).If the answer is "Yes",duration of work:

Y	Y	Y	Y	M	M	D	D	to	Y	Y	Y	Y	M	M	D	D
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14. (a.) Have you availed the personal monitoring service in the previous institution?

☐ Yes

If the answer is "Yes", please provide the information requested in the table below.

☐ No

(In case of more than 4 institutions, please use a separate sheet to provide information)

Department/Section/Lab (previously worked in Sri Lanka or abroad)	Name and address of the Hospital / Institute (previously worked in Sri Lanka Or abroad)	Institute No. (Assigned by PMS of SLAEB if applicable)	Personal No. (Assigned by PMS of SLAEB if applicable).	Duration of work	
				From	To

15. If you have worked **with radiation abroad**, provide **Total Dose (effective dose) received during the period of work:** mSv

16. **Declaration of the radiation worker/staff:**

1. I do hereby declare that the particulars furnished above are true and accurate to the best of my knowledge and belief.

2. I hereby agree to abide by the rules/regulations, terms & conditions, and instructions of Personal Monitoring Service (PMS) of the Sri Lanka Atomic Energy Board (SLAEB).

3. I am aware that misuse of the TLD may result to terminate the PMS of SLAEB

Residential Tel No:

Mobile No:

Email:

Signature of the Radiation Worker

Date:

17. **For the Head of the institute:**

I hereby certify that Prof/Dr./Mr./Mrs./Miss./is an employee of the above said institution and involved in activities dealing with ionizing radiation.

Name of the Head of the Institution/Department:.....

Signature of the Head:

Official Stamp :

Tel: (official)

Official Email:

Date:

Note: Instructions to radiation workers are given in PMS/INS-03.

Title	Personal Data of Radiation Worker			Doc. Code: PMS/PDF
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