

*Ionising Radiations Regulations (Northern Ireland) 2017*

## Clinical record

Surname

Forename(s)

Permanent address  
*(Including postcode)*

Telephone No

Date of Birth

Male

Female

Name and address of GP

Employer's name

Employer's address *(including postcode)*

Telephone No

**Nature of employment** *(i.e. details of current work activities and location)*

**Previous occupational history** *(include exposure to carcinogens eg asbestos etc.)*

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**Previous exposure to ionising radiations**

Occupational  Therapeutic  Diagnostic  Cumulative lifetime dose   
(Summarise previous dose record) mSv

**Medical history** (see written guidance to Appointed Doctors)

Smoking Status

**Clinical examination** (see written guidance to Appointed Doctors & include details of any advice/counselling given)

Date of assessment (eg 01/01/16)

Result of assessment:      Fit       Fit subject to conditions       Unfit

Date next examination/review is due (normally 12 months after this assessment)  
(eg 01/01/16)

Name of Appointed Doctor       Pin Number

Signature of Appointed Doctor       Date  
(eg 01/01/16)

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**Periodic Reviews**

Date review conducted (eg 01/01/16)	Type of review - Paper (B1) - Face to face (B2)	Any change in duties since last exam/review	Dose received since last exam / review & cumulative lifetime dose (mSv)	Sickness absence since last exam/review	Relevant clinical details (include details of any advice/counselling given).	Result of review (i.e. "fit", "fit subject to conditions" or "unfit")	Date next review is due (eg 01/01/16)	Name (in capitals), PIN & signature of Appointed Doctor