**Radiation Control**
 Private Bag X62 Enquiries: Admin

**RN607**

 BELLVILLE 🕿: 021-957 7472 / 021-015 5511

 7535 radionuclides@sahpra.org.za

**MEDICAL REPORT**

1. NAME OF EMPLOYER

**IDENTIFICATION OF EMPLOYEE**

2. SURNAME FIRST NAMES

3. DATE OF BIRTH 4. ID NUMBER

5. OCCUPATION

|  |
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| **EXAMINATION** |
| ***6. BLOOD*** |  | ***7. CONDITION OF HANDS*** |  |
| Red-cell count |  l | Skin (a) Telangiectasia |  |
| White-cell count |  l |  (b) Hyperkeratosis |  |
| Platelets |  g/100ml |  (c) Atrophy |  |
| Haemoglobin |  | Skin appendices: (a) Sweat glands  |  |
| Differential white-cell count |  |  (b) Hair |  |
| Granulocytes (a) Neutrophils |  |  (c) Nails |  |
|  (b) Eosinophils |  |  |  |
|  (c) Basophils |  | ***9. URINE*** |  |
| Monocytes |  | (a) Albumin |  |
| Lymphocytes |  | (b) Sugar |  |
| Abnormal cells |  | (c) Microscopic |  |
| ***8. EYES*** |  | (d) Radioactivity in urine (if necessary) |  |
| Lens of eye |  |  |  |
| Visual fields |  |  |  |

10. OTHER EXAMINATION, if necessary

11. From your examination and observation, do you consider the abovementioned person to be in good health and free from any physical or mental defect, disease or infirmity that would be likely to interfere with the proper performance of his/her duties? [YES / NO]

12. If NO to 11, give further details

13. Examination (pre-employment, routine, other)

SIGNATURE (Appointed doctor) DATE:

NAME (print)

*This register must be preserved for at least 10 years after the above date.*

**Do not submit this form (RN706) to SAHPRA unless requested to do so.**