

Clinical record

Surname <input type="text"/>	Forename(s) <input type="text"/>	
Permanent address <i>(including post code)</i> <input type="text"/>	Telephone No <input type="text"/>	Date of Birth <input type="text"/>
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Name and address of GP <input type="text"/>		
Employers name <input type="text"/>		
Employers address <input type="text"/>	Post code <input type="text"/>	
	Telephone No <input type="text"/>	
Nature of employment <i>(ie details of current work activities and location)</i> <input type="text"/>		
Previous occupational history <i>(include exposure to carcinogens eg asbestos, etc)</i> <input type="text"/>		
Previous exposure to ionising radiations		
Occupational <input type="text"/>	Therapeutic <input type="text"/>	Diagnostic <input type="text"/>
<i>(summarise previous dose record)</i>		Cumulative lifetime dose <input type="text"/> mSv
Medical history <i>(see written guidance to Appointed Doctors)</i> <input type="text"/>		
Smoking Status <input type="text"/>		
Clinical examination <i>(see written guidance to Appointed Doctors & include details of any advice / counselling given)</i> <input type="text"/>		
Date of assessment <input type="text"/>	Result of assessment: <input type="checkbox"/> Fit <input type="checkbox"/> Fit subject to conditions <input type="checkbox"/> Unfit	
Date next examination/review is due (normally 12 months after this assessment) <input type="text"/>		
Name of Appointed Doctor / EMA <input type="text"/>	PIN <input type="text"/>	
Signature of Appointed Doctor / EMA <input type="text"/>	Date <input type="text"/>	

