## Request for a radiation medical

**Note: Six weeks notice is required to arrange a radiation medical with the appointed doctor.**

## Your details

|  |  |
| --- | --- |
| **Title and full name** |  |
| **Department** |  |
| **Date of birth** |  | **National insurance number** |  |
| **Position** |  |
| **Telephone number** |  |
| **Email address** |  |

## Your request

**Name of requesting institution(s)**

|  |
| --- |
|  |

**Is a blood test required?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes\* |  | No |

\* This must be arranged approximately one week before your appointment as the doctor will require the results for the assessment.

|  |  |
| --- | --- |
| **Date of proposed travel for research** |  |

## What to do next

* Pass your form to your department's Radiation Protection Supervisor.

## Authorisation by departmental radiation protection supervisor

|  |  |
| --- | --- |
| **Name** |  |
| **Signed** |  |
| **Date** |  |

## What to do next

* Return the completed form to Occupational Health, Heslington Hall.