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für Materialien und Energie GmbH
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dose certificate

family name: _____

forename: _____

date of birth: _____

- I never worked in radiation protection areas so far.
- By now certificate for occupationally exposed persons
 - not professional occupationally exposed person
 - professional occupationally exposed person

Total previous whole body dose _____ mSv, since _____

Whole body dose for each of the last 12 months (in mSv):

Jan	_____	Apr	_____	Jul	_____	Oct	_____
Feb	_____	May	_____	Aug	_____	Nov	_____
Mar	_____	Jun	_____	Sept	_____	Dec	_____

- further information:

date, name and signature

- radiation protection commissioner
- managing director / company owner



Company stamp