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| **T.C.****NUCLEAR REGULATORY AUTHORITY****Department of Nuclear Installations** |
| **HEALTH EXAMINATION FORM FOR OPERATING PERSONNEL IN NUCLEAR INSTALLATIONS** |
| The occupational physician or the chief physician of a full-fledged hospital fills out this form. The doctor who will sign this form makes the necessary referrals, requests expert reports on the candidate’s competence in different specialties, and fills out the form based on these reports. Corrective measures can be defined to ensure compliance with the conditions required by the authorization. A candidate with one of the prohibitive conditions can only be given a positive report with the approval of the relevant specialist. The medical report obtained within the scope of this form for the first authorization application is valid for two years from the issue date. |
| PERSONAL INFORMATION OF THE CANDIDATE |
| Name SURNAME |  | Photo |
| Citizenship / Nationality |  |
| Turkish ID/Passport Number |  |
| Date of Birth (DD/AA/YYYYY) |  |
| Tel |  |
| HEALTH EXAMINATION |
| **Doctor's Statement:**Taking into account the information provided by the applicant and the examination findings of the relevant specialist doctors, it is concluded that it is necessary to work as operating personnel in nuclear installations; within the scope of:* Mental alertness and emotional balance,
* Communication skills to perceive audio, written and visual stimuli and to express oneself,
* Physical structure, motor power and movement ability to perform the movements required by the task

Candidate; |
| [ ]  Without condition[ ]  By using an eyesight correcting device[ ]  By using a hearing correcting device[ ]  By using the prescribed medicines Medicines:[ ]  By using medical devices  Devices:has been determined to have sufficient capability. |
| Examination and examination;[ ]  Made in accordance with the principles and guidelines in the explanations section of this form [ ]  Made in accordance with ……( country name)…..…….( regulation and/or standard name, number).. |
| Examination Date | Diploma No | Place of Duty and Title of the Doctor | Name Surname, Signature |
| OBLIGATION AND SIGNATURE |
| I hereby declare that the information I have provided above and during the medical examination is correct. I consent to the processing of the information in this form by the NDK for use within the scope of authorization and organization I work for to make the necessary application to the NDK. **Operating Personnel Candidate**(Name Surname, Signature and Date) |

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| **EXPLANATIONS*****EXAMINATIONS TO BE MADE*** 1. Psychiatric examination
2. Neurological examination
3. Physical Medicine and Rehabilitation (PM&R) examination
4. Eye disease examination
5. Hearing (Otorhinolaryngology) examination with audiometry
6. Cardiology examination (including ECG)
7. Chest disease examination (PA chest radiography, polysomnography in addition to pulmonary function tests)
8. Internal diseases examination (peripheral smear in addition to routine blood and urine tests)
9. Infectious disease examination
10. Skin and Venereal Diseases examination
11. Obstetrics and Gynecology examination for female employees (-HCG in addition to routine tests)

***ACCEPTABLE CONDITIONS WITH CORRECTIVE MEASURES***1. Hearing: Average hearing ability better than 30 dB at 500/1000/2000 Hz speech frequencies
2. Eyesight:
	1. At least 20/40 distance and near eyesight ability
	2. At least 120° peripheral eyesight ability
	3. Ability to distinguish between red, green and yellow warning lights
	4. Perception of depth
3. Heart: Having normal heart function in terms of rhythm and blood pressure

***OBSTRUCTIVE CONDITIONS***1. Mental retardation
2. Chronic psychiatric diseases (psychotic disorders, anxiety disorders, mood disorders, personality disorders, history of suicide attempts, etc.)
3. Chronic neurological diseases (epilepsy, history of syncope, demyelinating diseases, movement disorders, cerebrovascular incident, etc. diseases that may affect motor functions and coordination, attention abilities)
4. Eyesight defects that cannot be corrected with eyesight correction device, color blindness, night blindness, decompensated glaucoma, cataract, ophthalmic nerve and retinal diseases, anophthalmia
5. Hearing loss affecting speech frequencies, chronic suppurative otitis media and chronic purulent sinusitis
6. Limb loss
7. Osteoporosis
8. Chronic intoxications (heavy metals, solvents, drugs, etc.) and associated chronic diseases and findings
9. History of coronary artery disease, arrhythmia, heart failure, valvular heart disease, peripheral vascular disease, deep vein thrombosis and pulmonary embolism
10. Asthma, history of anaphylaxis, history of angioedema, severe Chronic Obstructive Pulmonary Disease, respiratory failure, interstitial lung diseases, tracheotomy and laryngectomy
11. Sleep apnea syndrome
12. Presence of active tuberculosis (all organs)
13. Chronic infectious diseases (HIV/AIDS, hepatitis, brucella, etc.)
14. Any history of malignancy (hematologic and solid organ malignancies), premalignant conditions of all organs and systems
15. Morbid obesity, diabetes, hypertension, thyrotoxicosis, chronic renal failure and kidney stones (nephrolithiasis), chronic liver failure and cirrhosis, chronic hematologic diseases and coagulopathies, gastric and duodenal ulcers, active chronic hepatitis, chronic biliary tract diseases, chronic pancreatitis, inflammatory bowel diseases, connective tissue diseases
16. Substance or drug addiction other than smoking and caffeine
17. Congenital organ anomalies that impair body functions
18. Skin diseases, infectious skin diseases, chronic fungal skin infections that may prevent the use of workwear and personal protective equipment
19. History of acute and/or chronic radiation sickness
20. Pregnancy and lactation period, history of habitual abortion and fetal anomaly, chronic inflammatory gynecological diseases
21. Any other disorder that may lead to sudden capacity drops
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