



Section 5 Appointed Medical Physicist (where more than 370 MBq is administered to patients)

Name:	Address :
Qualifications:	
Telephone No. :	
Cell / Mobile :	

Section 6. Details of radiation monitoring equipment (e.g. rate meter and/or contamination monitor):

Name of Manufacturer	Model	Type	Calibration date
Calibration certificate issued by :			

Section 7. Proposed dosimetry Service Provider

Name :
Address :

Section 8. Declaration

This is to certify that I, (Print) : _____ hereby declare that the information supplied is to the best of my knowledge true and correct.	
Signature :	Date :
Designation :	