

For outside users

(date) (year)

To the Director of
Institute for Cosmic Ray Research (ICRR)
University of Tokyo, Tokyo, JAPAN

I certify that

Name _____
(Family) (First) (Middle)

Age _____

Sex ☐ Male ☐ Female

the above person is a radiation worker at

(affiliation at home country) _____

and he(she) takes regular health examination and education each year, and that the
state of his(her) health permit him(her) to execute work at ICRR during the period
from _____
(date) (year)

Signature _____
Name (Print) _____
Status _____
Institution _____