

Environmental Board  
Radiation Safety Department  
Kopli 76  
10416 Tallinn

.....  
( worker`s/ licensee name)

.....  
(profession)

.....  
(phone number, e-mail address)

### Application

Please issue the extract from the National Dose Register regarding personal monitoring results of

.....  
( worker`s name, surname, identification code, profession)

The data are requested for.....  
(to note the purpose of use)

Exposed worker`s working places and professions over the years have been the following:

*Please mark the suitable:*

The extract from the National Dose Register will be sent to the following address:

.....  
(person, address/e-mail address)

The extract from the National Dose Register will be picked up at Environmental Board Radiation Safety Department (Kopli 76, Tallinn).

.....  
(applicant`s name and signature)

.....  
(date)

.....  
***According to the Radiation Act (adopted on 24.03.2004) § 44 paragraph 6, the following persons shall have access to the results of personal monitoring of exposed workers: 1) an exposed worker himself or herself, with regard to data concerning his or her person; 2) a specialist providing occupational health services to an exposed worker; 3) the holder of a radiation practice license, with regard to information concerning the exposed workers employed thereby; 4) persons carrying out radiation safety inspection; 5) persons engaged in the research of radiation and its effects.***