Nama :

No. ID Karyawan :

Tempat / Tgl.lahir :

Kualifikasi Radiografi : PPR/AR/OR

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| **Tanggal** | **Jenis Pemeriksaan Kesehatan \*** | **Limit** | **Hasil** | **Keterangan** |
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Ket : \* = Lampirkan dokumen hasil pemeriksaan kesehatan

Dicatat oleh ;

Petugas Proteksi radiasi (PPR)

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