

**HONG KONG BAPTIST UNIVERSITY  
ESTATES OFFICE  
ENVIRONMENTAL HEALTH AND SAFETY SECTION**

**Withdrawal of Radiation User**

Please **TYPE** or **PRINT** in **BLOCK LETTERS**

1. Name \_\_\_\_\_  
(Surname first) \_\_\_\_\_  
in Chinese character (if any)
2. Sex \_\_\_\_\_ Department \_\_\_\_\_
3. HKID Card No. / Passport No. \_\_\_\_\_  
(Must fill out this item)
4. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / Month / Year
5. Date of First Employment to radiation work \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / Month / Year
6. Date of Last Employment to radiation work \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / Month / Year

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

**Please return this form to Environmental Health & Safety Section (EHS), Estates Office *BEFORE* the date of last employment to radiation work.**

The personal data collected in this form is used to withdraw the registration of radiation users with EHS. The data in this form would be disclosed to other party for the purpose of arranging medical examination. You have the rights to access to, and/or correction of your personal data. All personal data access requests should be addressed in writing to EHS of the Estates Office.