

HONG KONG BAPTIST UNIVERSITY
ESTATES OFFICE
CAMPUS SAFETY TEAM

Withdrawal of Radiation User

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

1. Name _____
(Surname first) _____ in Chinese (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 the Campus Safety Team *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 the Campus Safety Team. The data in this form would be disclosed to other party for the purpose of arranging medical examination.

You have the right to access to, and/or correction of your personal data. All personal data access requests should be addressed in writing to the Campus Safety Team.