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chirotherapie – sports medicine
special orthopedic surgery

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Last name: _____ first name: _____ last name: _____ first name: _____

date of birth: _____

date of birth: _____

questionnaire due to § 28/1 RöV

questionnaire due to. § 28/1 RöV

Please answer the questions regulated by the law!

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1. Have you been examined by **Xray** the last 12 months?

- yes
- no

where?
which region?

1. Have you been examined by **Xray** the last 12 months?

- yes
- no

where?
which region?

2. Did radioactive substances applied on you?

- yes
- no

2. Did radioactive substances applied on you?

- yes
- no

3. Have you been irradiated the last 12 months?

- yes
- no

which region?

3. Have you been irradiated the last 12 months?

- yes
- no

which region?

4. Are you pregnant?

- yes
- no
- I don't know

4. Are you pregnant?

- yes
- no
- I don't know

I assure to inform the medical team about any changes concerning radioactivity

I assure to inform the medical team about any changes concerning radioactivity.

date _____ signature _____

date _____ signature _____