

OCCUPATIONAL EXPOSURE HISTORY (OEH) FORM

| | |
|-------------------------|--|
| Candidate's Name | |
| Employer | |

| | |
|------------------------|--|
| Event Title | |
| Event Reference | |
| Venue | |
| Dates | |

| | | | |
|---|--|--|---|
| <p>Are you covered under an individual monitoring programme in your country? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes,</p> <ul style="list-style-type: none"> Starting date of the individual monitoring (mm/yyyy): please fill in the applicable fields below: | | | |
| Quantity | Unit reported | Value during the previous five calendar years | Value during the current calendar year |
| Effective dose ⁽¹⁾ | | | |
| Equivalent dose to the lens of the eyes | | | |
| Equivalent dose to the extremities or to the skin | | | |
| OEH data provided or confirmed by ⁽²⁾: | <p>Name: -----</p> <p>Responsibility: -----</p> <p>Signature: -----</p> | | |

Candidate's Signature: -----

Date ⁽³⁾: -----

⁽¹⁾ Effective dose due to external AND internal exposure. If another quantity is reported, please indicate name and unit.

⁽²⁾ The OEH data is to be provided or confirmed by the radiation protection officer, the candidate's supervisor, or the provider of the individual monitoring service.

⁽³⁾ This form should not be older than six months before the date of the event.