

## OCCUPATIONAL EXPOSURE HISTORY

<b>Candidate's Name</b>	
<b>Employer</b>	

<b>Event Title</b>	
<b>Event Number</b>	
<b>Venue</b>	
<b>Dates</b>	<b>From:</b> _____ <b>To:</b> _____

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

**Candidate's Signature:** -----

**Date<sup>(3)</sup>:** -----

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

<sup>(2)</sup> 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.

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