**OCCUPATIONAL EXPOSURE HISTORY**

|  |  |
| --- | --- |
| **Name** |  |
| **Employer** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event Title** |  | | | |
| **Event Number** |  | | | |
| **Venue** |  | | | |
| **Dates** | **From:** |  | **To:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you covered under an individual monitoring programme in your country? 🞎 YES 🞎 NO**  **If yes,**   * **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):** | **Name:**  **Responsibility:**  **Signature:** | | |

**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.