OCCUPATIONAL EXPOSURE HISTORY (OEH) FORM

Candidate's Name	
Employer	

Event Title	Interregional Meeting on the Selection of Disposal Options for Disused Sealed Radioactive Sources (DSRS)
Event Reference	ME-INT9187-2401046
Venue	Santiago, Chile
Dates	**From:** 31 August 2024 **To:** 8 September 2024

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.