## **OCCUPATIONAL EXPOSURE HISTORY (OEH) FORM**

0 "14 1 11					
Candidate's Name					
Employer					
	,				
Event Title	Regional School of Radiation Emergency Management				
Event Reference	TN-RER9161-2506227				
Venue	Vienna, Austria				
Dates	From: 8 August 2026 To: 23 August 2026				
Are you covered under an individual monitoring programme in your country? $\ \square$ YES $\ \square$ 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 <sup>(1)</sup>					
Equivalent dose to the					
lens of the eyes					
Equivalent dose to the	ne				
extremities or to the skin					
OEH data provided or confirmed by <sup>(2)</sup> :		Name: Responsibility: Signature:			
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.