

OCCUPATIONAL EXPOSURE HISTORY (OEH) FORM

Candidate's Name	
Employer	

Event Title	Regional Training Course on Advanced Quality Assurance in Computed Tomography
Event Reference	TN-RER6045-2603083
Venue	Budapest, Hungary
Dates	From: 28 November 2026 To: 6 December 2026

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.