

OCCUPATIONAL EXPOSURE HISTORY

Candidate's Name	
Employer	

Event Title	
Event Number	
Venue	
Dates	From: _____ To: _____

Are you covered under an individual monitoring programme in your country? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, <ul style="list-style-type: none"> ▪ 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.