

## OCCUPATIONAL EXPOSURE HISTORY

<b>Candidate's Name</b>	
<b>Employer</b>	

<b>Event Title</b>	<b>Regional Training Course on Advanced Performance Assessment and Quality Assurance in Computed Tomography</b>		
<b>Event Number</b>	TN-RER6042-2402296		
<b>Venue</b>	Zagreb		
<b>Dates</b>	<b>From:</b> 2024-06-24	<b>To:</b> 2024-06-28	

<b>Are you covered under an individual monitoring programme in your country?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes,			
▪ Starting date of the individual monitoring (mm/yyyy): .....			
▪ please fill in the applicable fields below:			
<b>Quantity</b>	<b>Unit reported</b>	<b>Value during the previous five calendar years</b>	<b>Value during the current calendar year</b>
Effective dose <sup>(1)</sup>			
Equivalent dose to the lens of the eyes			
Equivalent dose to the extremities or to the skin			
<b>OEH data provided or confirmed by<sup>(2)</sup>:</b>	<b>Name:</b> .....		
	<b>Responsibility:</b> .....		
	<b>Signature:</b> .....		

**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.