VIRGINIA DEPARTMENT OF HEALTH
Radioactive Materials Program
109 Governor Street, 7th Floor
Richmond, VA 23219
(804) 864-8150

CUMULATIVE OCCUPATIONAL EXPOSURE HISTORY

Instructions and additional information on page 2. (Attach additional pages if necessary)

1. Name (Last, First, Middle Initial)	2. Identification Number	3. Id Type	4. Sex ☐ Male ☐ Female	5. Date Of Birth

6. Monitoring Period	7. Licensee or Registrant Name	8. License or Registration Number	9. ☐ Record ☐ Estimate ☐ No Record	10. ☐ Routine ☐ PSE

11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODE

6. Monitoring Period	7. Licensee or Registrant Name	8. License or Registration Number	9. ☐ Record ☐ Estimate ☐ No Record	10. ☐ Routine ☐ PSE

11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODE

6. Monitoring Period	7. Licensee or Registrant Name	8. License or Registration Number	9. ☐ Record ☐ Estimate ☐ No Record	10. ☐ Routine ☐ PSE

11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODE

19. **SIGNATURE** - Monitored Individual	20. Date Signed	21. Name of Certifying Organization

22. **SIGNATURE** – Designee	23. Date Signed

Instructions and Additional Information Pertinent To the completion of the cumulative occupational exposure history

(All doses should be stated in milli-Sieverts or Rem)

1. Type or print the full name of the monitored individual in the order of last name (include “Jr.,” “Sr.,” “III,” etc.), first name, middle initial (if applicable).

2. Enter the individual’s identification number, including punctuation. This number should be the 9-digit social security number if at all possible. If the individual has no social security number, enter the number from another official identification such as a passport or work permit.

3. Enter the code for the type of identification used as shown below:

CODE	ID TYPE
SSN	U.S. Social Security Number
PPN	Passport Number
CSI	Canadian Social Insurance Number
WPN	Work Permit Number
IND	INDEX Identification Number
OTH	Other

4. Check the box that denotes the sex of the individual being monitored.

5. Enter the date of birth of the individual being monitored in the format MM/DD/YYYY.

6. Enter the monitoring period for which this report is filed. The format should be MM/DD/YYYY-MM/DD/YYYY.

7. Enter the name of the licensee, registrant, or facility not licensed by the Agency that provided monitoring.

8. Enter the Agency license or registration number or numbers.

9. Place an "X" in Record, Estimate, or No Record. Choose "Record" if the dose data listed represent a final determination of the dose received to the best of the licensee’s or registrant's knowledge. Choose “Estimate" only if the listed dose data are preliminary and will be superseded by a final determination resulting in a subsequent report. An example of such an instance would be dose data based on selfreading dosimeter results and the licensee or registrant intends to assign the record dose on the basis of TLD results that are not yet available.

10. Place an "X" in either Routine or PSE. Choose "Routine" if the data represent the results of monitoring for routine exposures. Choose "PSE" if the listed dose data represents the results of monitoring of planned special exposures received during the monitoring period. If more than one PSE was received in a single year, the licensee should sum them and report the total of all PSEs.

11. Enter the deep dose equivalent (DDE) to the whole body.

12. Enter the eye dose equivalent (LDE) recorded for the lens of the eye.

13. Enter the shallow dose equivalent recorded for the skin of the whole body (SDE, WB).

14. Enter the shallow dose equivalent recorded for the skin of the extremity receiving the maximum dose (SDE, ME).

15. Enter the committed effective dose equivalent (CEDE).

16. Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ.

17. Enter the total effective dose equivalent (TEDE). The TEDE is the sum of items 11 and 15.

18. Enter the total organ dose equivalent (TODE) for the maximally exposed organ. The TODE is the sum of items 11 and 16.

19. The signature of the monitored individual on this form indicates that the information contained on the form is complete and correct to the best of his or her knowledge.

20. Enter the date this form was signed by the monitored individual.

21. [OPTIONAL] Enter the name of the licensee, registrant or facility (such as a Department of Energy facility) providing monitoring for exposure to radiation, or the employer if the individual is not employed by the licensee or registrant and the employer chooses to maintain exposure records for its employees.

22. [OPTIONAL] Signature of the person designated to represent the licensee, registrant, or employer entered in item 21. The licensee, registrant or employer who chooses to countersign the form should have on file documentation of all the information on this form.

23. [OPTIONAL] Enter the date this form was signed by the designated representative.