FLORIDA DEPARTMENT OF HEALTH

CUMULATIVE OCCUPATIONAL EXPOSURE HISTORY

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	17. TEDE	18. TODO
6. MONITORING PERIOD	7. LICENSEE OR REGISTRANT NAME	8. LICENSE OR REGISTRATION NUMBER	9. RECORD ☐ ESTIMATE ☐ NO RECORD ☐	10. ROUTINE ☐ PSE ☐
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11. DDE	12. LDE	13. SDE, WB	17. TEDE	18. TODO

INSTRUCTIONS AND ADDITIONAL INFORMATION PERTINENT TO THE COMPLETION OF DH FORM 1623 JULY 93

(All doses should be stated in rems)

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 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 of 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/YY.
6. Enter the monitoring period for which this report is filed. The format should be MM/DD/YY - MM/DD/YY.
7. Enter the name of the licensee or registrant.
8. Enter the Agency license or registration number or numbers.
9. Place an "X" in Record or Estimate. Choose "record" if the dose data listed represents a final determination of the dose received to the best of the licensee's or registrants knowledge. Choose "Estimate " only if the listed dose data are preliminary and will be superseded by a final determination resulting in subsequent report. An example of such an instance would be dose data based on self-reading dosimeter results and the licensee intends to assign the record dose on the basis of the TLD results that are yet available.
10. Place an "X" in either Routine or PSE. Choose "Routine" if the data represents the results of monitoring for routine exposures. Choose "PSE" if the 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 or registrant 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) or "NR" for "Not Required" or "NC" for "Not Calculated".
16. Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ or "NR" for Required" or "NC" for "Not Calculated".
17. Enter the tot al effective dose equivalent (TEDE). The TEDE is the sum of items 11 and 15.
18. Enter the total organ dose equivalent (TODE) for maximally exposed organ. The TODE is the sum of items 11 and 16.
19. Signature of the monitored individual. 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]S. Enter the name of the licensee, registrant or facility not licensed by the Agency, providing monitoring for exposure to radiation (such as a DOE facility) or the employer if the individual is no 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 the Agency Form Y being signed.
23. {OPTIONAL] Enter the date this form was signed by the designated representative.