

VOLUNTARY DECLARATION OF PREGNANCY

Name (print): _____ V# or VCUHS ID# _____

Date of Conception (month, year): _____

Department: _____ Position: _____

By providing this information in writing to my immediate supervisor, I am declaring myself to be pregnant as of the date shown above. I understand that under the provision of 10CFR Part 20.1208, the exposure to my unborn child from occupational exposure to radiation will not be allowed to exceed 5 mSv (500 mrem) during the entire pregnancy. The dose to my unborn child shall be taken as the sum of my deep-dose equivalent and the dose resulting from the intake of any radionuclides. I also understand that this limit includes any exposures I have received since conception, and that if the dose to my unborn child has already exceeded 5 mSv (500 mrem), the dose for the remainder of my pregnancy must be limited to 0.5 mSv (50 mrem). (For dose information, contact Radiation Safety at 89131.) I further understand that if I should find out that I am not pregnant, or if for any reason my pregnancy is terminated, I should inform my supervisor as soon as practical.

Signature: _____ Date: _____

Supervisor's Receipt of Voluntary Pregnancy Declaration

By signing this statement, I acknowledge receipt of the voluntary declaration of pregnancy for the above individual; have provided her with an outline of the potential risks from exposure to the unborn child from the information provided in Regulatory Guide 8.13 (located in the Radiation Safety Guide); and have evaluated her prior exposure (internal and external) to establish appropriate limits to control the dose to her unborn child in accordance with the above stated limitations and the ALARA program. I understand it is my responsibility to forward this form to the Radiation Safety Officer.

Name (print): _____ Phone #: _____

Signature: _____ Date: _____

* A response from the supervisor is required in the next section. Please outline any specific controls that are being applied to limit dose to the unborn child. If no specific controls are required, please indicate below.

* Specific Controls Being Applied to Limit Dose to the Unborn Child

This section is to be completed by the supervisor. Consult with the RSO if necessary. This section must be initialed by the employee to document assessment of exposure and her understanding of specific controls if applied, or the lack of specific controls, if deemed not necessary. Use the back of this form if more space is needed.

Employee Initials: _____ Date: _____

Radiation Safety Officer's Receipt Of Voluntary Pregnancy Declaration

By signing this statement, I acknowledge receipt of the voluntary declaration of pregnancy for the above individual. I have evaluated her prior exposure (internal and external) to ensure appropriate limits to control the dose to her unborn child have been established and are in accordance with above stated limitations and the ALARA program, and that appropriate monitoring is being provided.

Signature: _____ Date: _____