

## **VT EHS Voluntary Declaration of Pregnancy**

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## PART I (TO BE COMPLETED BY WORKER):

- 1. Complete the information requested below
- 2. Read the information provided
- 3. Sign and date at the end of Part I
- 4. Return completed form to the Radiation Safety Office by email: dcon@vt.edu

Name ( <i>L</i>	ast, First, MI)			
PID:			University ID #	
Department				
Title/Job duty title				
Dosimetry currently issued?			Yes/No	
Approximate date of conception?				
Approximate due date?				
Lead apron available/applicable?		Yes/No/NA		
If "YES", please indicate the type of work / equipment to be performed / used:				

- I have been advised of the potential health risks to the embryo/fetus associated with radiation exposure.
- I have been advised, that the Virginia Department of Health requirements i limit dose to the embryo to 500 mrem for the entire gestation period.
- I have been advised that upon request, the Radiation Safety Office will assist in discussion of how to limit my radiation exposure during my pregnancy.
- I understand that to obtain the accommodation of fetal dosimetry, I must voluntarily inform the Radiation Safety Office in writing of my pregnancy.
- I understand that I may withdraw my request at any time and for any reason prior to the end of my pregnancy.



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 I understand that accommodation associated with this declaration is only available as long as I am pregnant and that I must notify the Radiation Safety Office when I am no longer pregnant.

I hereby declare my pregnancy and request that the Radiation Safety Office assist in limiting my radiation exposure under the provisions of the Radioactive Materials Program

Signature of client	
Date M/D/Y	
Signature Supervisor	
Date M/D/Y	
Signature R.S.O.	
Date M/D/Y	
xxxxxxxxxxxxxxxxxxxxxxxxx	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Radiation Safety Office U	se only:
Fetal badge issue date	
Badge ID #	
Badge termination date?	