## VT EHS Voluntary Declaration of Pregnancy

## Voluntary Declaration of Pregnancy

## 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 (Last, 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 <br> of work / equipment to be <br> 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 $\mathbf{5 0 0} \mathbf{~ m r e m}$ 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 <br> as I am pregnant and that I must notify the Radiation Safety Office when I am no longer <br> pregnant. |  |
| :--- | :--- |
| I hereby declare my pregnancy and request that the Radiation Safety <br> Office assist in limiting my radiation exposure under the provisions <br> 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 |  |
| xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx |  |
| Radiation Safety Office Use only: |  |
| Fetal badge issue date |  |
| Badge ID \# |  |
| Badge termination <br> date? |  |

