

# CONFIDENTIAL

## Declaration of Pregnancy

To: Radiation Safety Officer

From: \_\_\_\_\_

**Subject: Declaration of Pregnancy**

Date: \_\_\_\_\_

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Pursuant to regulatory requirements and Drexel University/ Drexel University College of Medicine/Tenet University Hospitals policy, I have been informed of my pregnancy rights and am declaring my pregnancy. I understand that by declaring my pregnancy, a dose limit of 5 mSv/term (500 millirem/term) to the embryo fetus (10% of the annual radiation exposure limit to a radiation worker) is imposed. I also understand that the institution may require enhanced engineering controls, administrative controls, additional personal protective equipment, and/or additional monitoring to assure compliance with the dose limits.

I certify that I am making this declaration voluntarily.

The estimated date of conception (month/year) is \_\_\_\_\_.

Signature: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Date signed: \_\_\_\_\_

Department: \_\_\_\_\_

Location: \_\_\_\_\_  
(e.g. HUH, DU, DUCOM, MCP, etc.)

### For Radiation Safety Office Use Only

Dose registered to date \_\_\_\_\_ mR.

Action taken:

NUREG 8.13 "Instructions Concerning Pre-Natal Radiation Exposure" provided:    y / n            Initials \_\_\_\_\_

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