


**RADIATION SAFETY DEPARTMENT**

 WEST VIRGINIA UNIVERSITY • HEALTH SCIENCES CENTER • WVU HOSPITALS • JEFFERSON MEMORIAL HOSPITAL  
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## “DECLARATION OF PREGNANCY”

I, \_\_\_\_\_, hereby wish to declare my pregnancy to the  
 (Print Full Name)

Radiation Safety Officer for West Virginia University and WVU Hospitals. I informed my immediate supervisor, \_\_\_\_\_, in writing on \_\_\_\_\_, 20\_\_\_\_.  
 (Print Supervisor's Full Name) (mm/dd) (yy)

My estimated conception date is \_\_\_\_\_.  
 (mm/yy)

The following checklist reflects the issues addressed by the Radiation Safety Department regarding my pregnancy:

- |   | <u>Please Initial</u> |
|---|-----------------------|
| 1) I have been advised of the risks of radiation exposure to the embryo/fetus.    | _____                 |
| 2) I have reviewed by radiation exposure history with the RSO.                    | _____                 |
| 3) I have been advised of radiation protective measures.                          | _____                 |
| 4) Having been so informed, I wish to continue my employment during my pregnancy. | _____                 |

I have chosen to declare my pregnancy and requested that the Radiation Safety Officer provide me with information on risks to the embryo/fetus from occupational radiation exposure and review methods that may be used to keep doses low. I understand that for protection of the embryo/fetus of a declared pregnant woman, the dose limit is 0.5 rem (5 mSv) during the remainder of the pregnancy. A monthly fetal radiation monitoring device will be assigned to me to monitor the embryo/fetal dose rate that I have agreed to wear on my waist in addition to my individual monitoring device. This change in monitoring, as well as the associated dose restrictions, remains in effect until it is withdrawn in writing or until I notify Radiation Safety Services that I am no longer pregnant.

 \_\_\_\_\_  
 Signature of Occupational Worker

 \_\_\_\_\_  
 Department

 \_\_\_\_\_  
 Date (mm/dd/yyyy)

 \_\_\_\_\_  
 Director and Radiation Safety Officer

 \_\_\_\_\_  
 Date (mm/dd/yyyy)